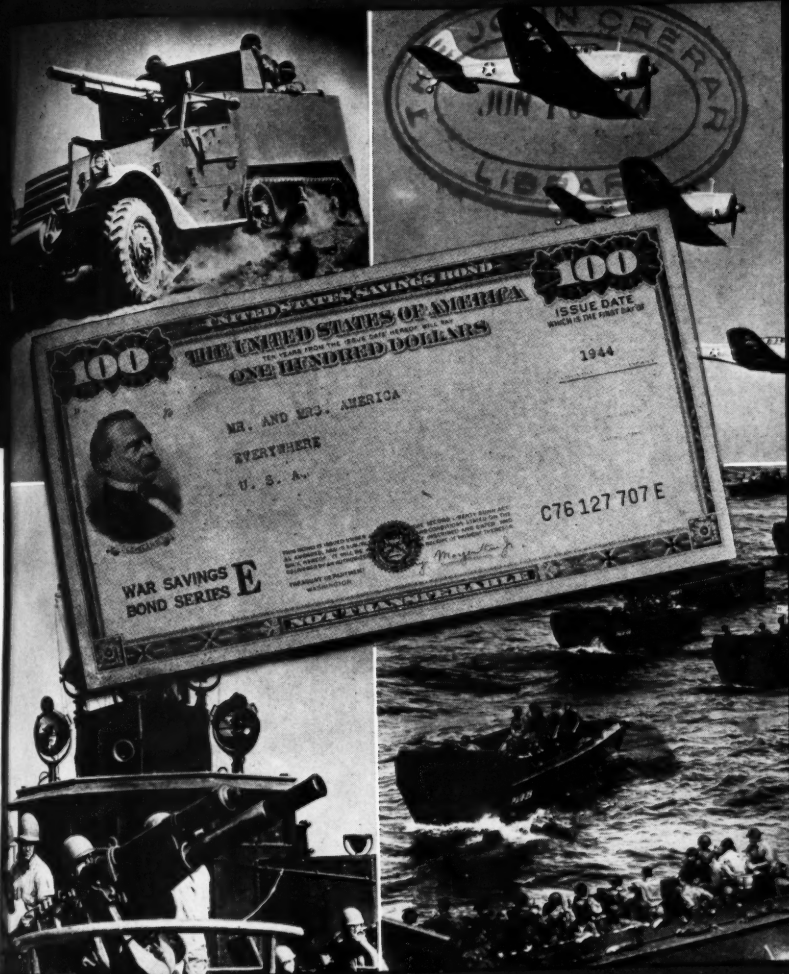


Oral Hygiene

JUNE 1944

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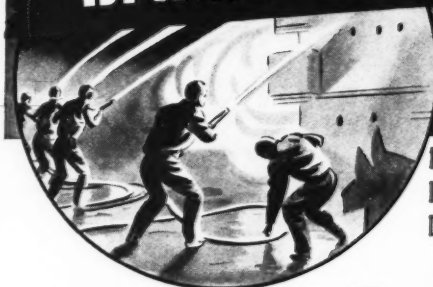
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In This Issue:

AN OLD-AGE INCOME FOR DENTISTS

DAMAGE CONTROL!



MANY A STRICKEN WARSHIP HAS
LIVED TO FIGHT AGAIN BECAUSE THE
DAMAGE WAS QUICKLY CONTROLLED

Solubri

TRADE MARK
REG. U.S. PAT. OFF.

If you could see the inside of your angle handpiece, you would realize the damage that is done to the gears and bearings by grit and rust.

The regular and frequent use of Solubri Handpiece Cleaner and Oil controls and prevents damage to these small moving parts.

SOLUBRI CLEANER removes grit and debris.

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8 oz. 1.50

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MANUFACTURING COMPANY
CLEVELAND, OHIO • U.S.A.

Entirely Hand-Made

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• Mass production cannot create the high quality of J & J Absorbent Points. That fine even taper, that wirelike stiffness, can only be achieved by *hand work*, painstaking and skilled. The special selected material, the precise care with which they are made, make J & J

Absorbent Points ideal for drying pulp canals and applying cavity lining. J & J Absorbent Points are sterilized *after* packaging. Boxes of 200 in Fine, Coarse, or Assorted Sizes \$2.00. Boxes of 400 in Assorted Sizes \$3.85.

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DENTAL DIVISION

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.





The Publisher's Corner

By Mass

Number 276

THOUGHTS WHILE THINKING

A WAITER who does a good job is higher in the scale of human values than a bank president who does not. But likely neither thinks so.

* * *

SEEMS AS IF some folks are, after all, just bits of biology.

* * *

MAYBE you shouldn't think such thoughts. Better put in the time dissecting your own psyche.

* * *

MAYBE it's better to make excuses for everyone's conduct but your own.

* * *

YOUR CONDUCT of the CORNER for instance. The number of this one, 276, means there have been exactly 23 years of them—and you still have to be needled to send the copy to the printer, not *on* time, but *in* time.

* * *

LOTS OF PEOPLE don't buy enough dentistry because they haven't the money for it. But plenty of others have the money and still need dentistry. Maybe they shouldn't be blamed either. Maybe they just don't know. Thinking of the well-dressed woman in the restaurant eating the two-dollar blue plate—with snaggle teeth. And of the prosperous family with the great big farm, all of them desperately need-

(Continued on page 898)

**WHEN YOUR PATIENT ASKS:
"Doctor, what tooth brush
shall I use?"**

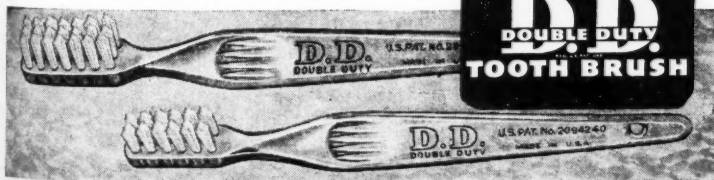
RECOMMEND The D. D. Tooth Brush

A TOOTH BRUSH which meets every demand of professional oral hygiene!

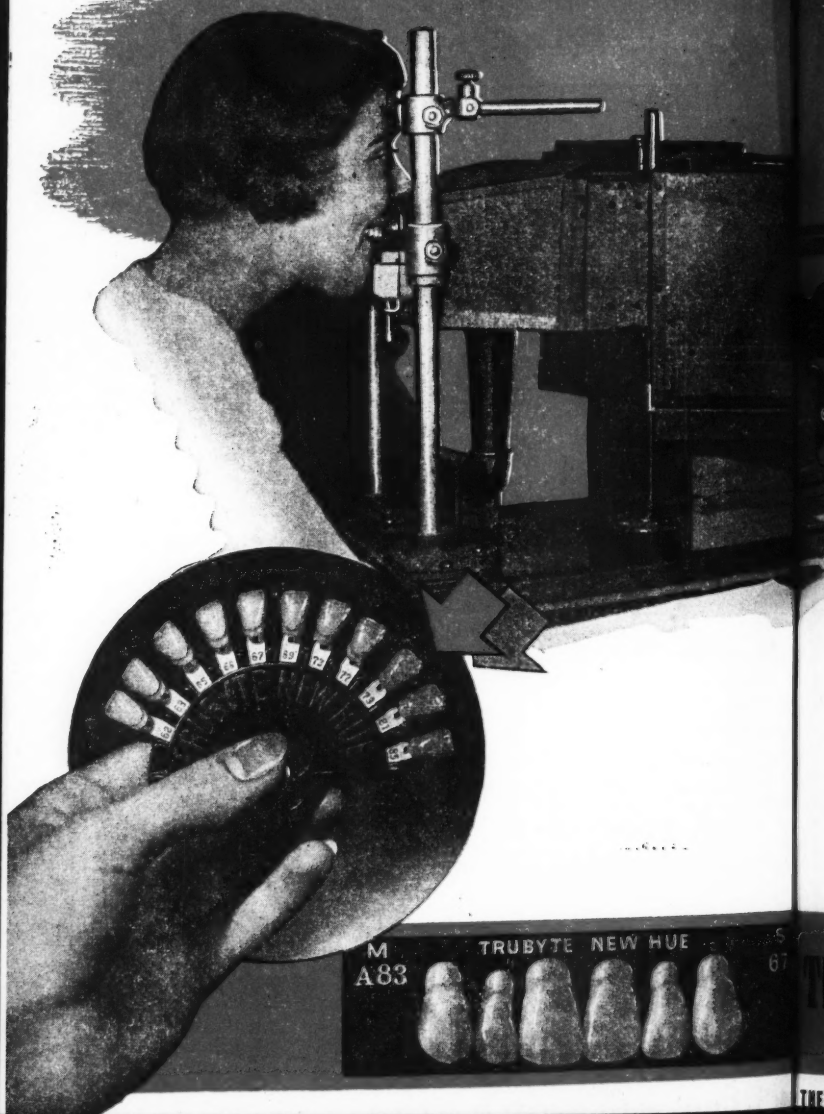
Based upon the recommendations of practicing dentists who know the problems of proper teeth cleaning, we created the D.D. Tooth Brush with its unique *twisted handle*. This ingenious handle is set at a forty-five degree angle, facilitating correct placement of the brush on the teeth . . . and almost automatically insuring proper gum massage.

Leading periodontists acclaim the non-skid thumb rest and compact brushhead of the D.D. Tooth Brush. Scientifically spaced for maximum interproximal massage, the resilient tufts are of the proper length and stiffness for cleaning even hard-to-reach lingual, buccal, occlusal and interdental surfaces. Whether you recommend the two-row or three-row type, your patients will be assured of an *effective aid to oral hygiene designed by practicing dentists.*

BRISTOL-MYERS COMPANY, Dept. 4, 630 Fifth Ave.
New York 20, N. Y.



ADAPTABILITY



ITY TO ENVIRONMENT...

An Achievement in Esthetics



THE REPRODUCTION in Trubyte New Hue Teeth of the color characteristics and blendings found in natural teeth is the result of years of research. In one phase of this research alone, 10,000 natural teeth were examined in the mouth by the unerringly accurate spectrophotometer illustrated above.

Like natural teeth, Trubyte New Hue Teeth adapt themselves to mouth and gum tissues, various complexions and changing light.

5
67
TRUBYTE *New Hue* **TEETH**

Beautifully
NATURAL

THE DENTISTS' SUPPLY COMPANY OF NEW YORK • 220 WEST 43RD ST. NEW YORK 36, N. Y.

THE PUBLISHER'S CORNER

(Continued from page 894)

ing dental rehabilitation, literally poisoning themselves with every bite they eat—and showing evidence of it in pasty complexions and habitual lassitude. Must be they just don't know.

* * *

REMEMBERING LARRY DUNHAM and the dentist who called on him to urge paid advertising of dentistry. "Why the hell don't you get *your own teeth* fixed?" Larry wanted to know. The chum couldn't answer that one.

* * *

BACK TO DISSECTING your personal psyche. Maybe you better make that overdue date with Earle Craig before you think any more thoughts about other people's feeble fangs.

* * *

THINKING THOUGHTS of feeble fangs brings thoughts of mushy muscles that scream like the shrill notes of fiddle strings when you twang 'em in the Victory garden—the mushy muscles, not the fiddle strings. The mama doing almost all the work, and you telling the world about *your* garden. Better spike the psyche to a shingle again, and poke around and see what goes on inside it.

* * *

STILL THINKING of the Victory garden, and the victories you win—staying the hell out of it many an evening because you are busy putting over a big deal nobody ever hears of again. Or because having dawdled in the office you have to write things like this at home. "Thousands of people are waiting for this CORNER, Mama."



*"Anacin gives 'em quick relief
after extractions!"*

*"Seems to calm them down, too,
Doctor, between divided sittings!"*



*"Anacin's a great help after
any instrumentation!"*

*"I use it myself for simple
headaches, Doctor!"*

Pain after operation is relieved quickly by Anacin's skilful combination of effective, medically proven ingredients.

Pain after instrumentation that so upsets patients, leads them to fear your chair . . . is eased by Anacin's quick action!

Let Anacin work for you in your

office. Recommend it to your patients for further relief of pain at home, if pain persists.

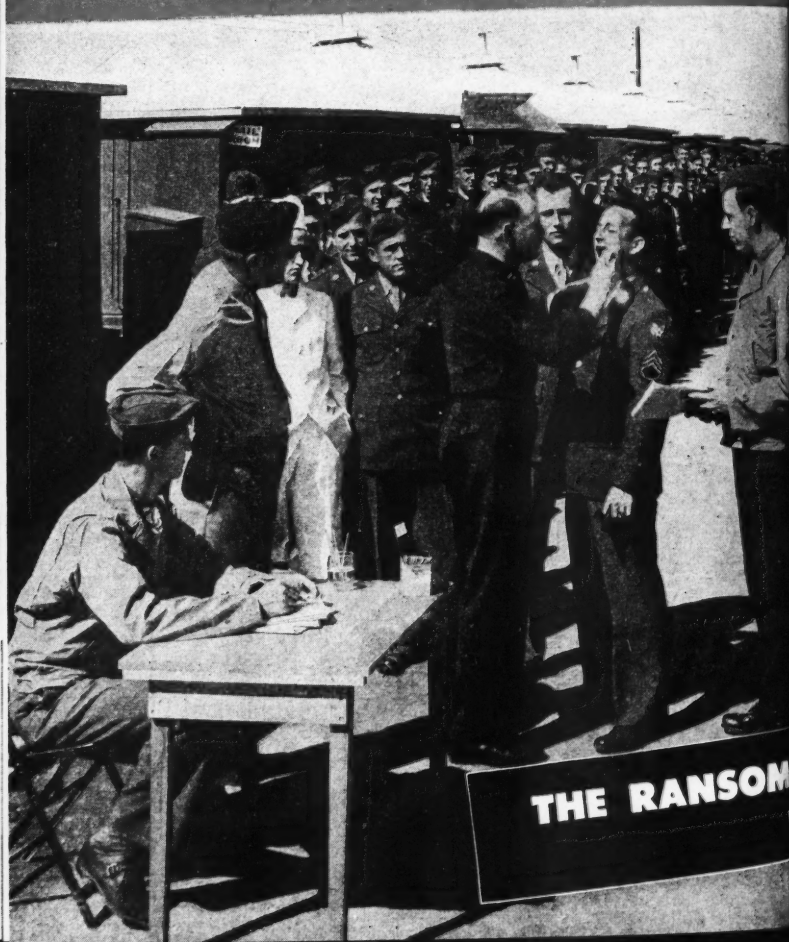
The Anacin Company, 257 Cornelison Avenue, Jersey City 2, N. J.

ANACIN
REG. U.S. PAT. OFF.

MORE THAN

18,000,000

IN THE



THE RANSOM

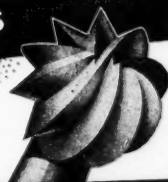
RESTORATIONS

INVOLVING THE USE OF BURS

Army Alone LAST YEAR!

Think what *eighteen million* restorations means in terms of burs used. Then consider that this represented the 1943 requirements of the *Army Dental Corps only*, and you'll begin to have some conception of the vast quantities of burs needed to provide adequate dental care for *all* branches of our armed forces. And you'll understand why, in spite of day-and-night operation of our bur plant for over four years, and steady expansion of production, it has not been possible to supply burs in sufficient quantities to meet the urgent and growing needs of dentists on the home front... In pledging ourselves to unremitting effort to produce more and more burs until adequate quantities can be made available to all, we bespeak the continued cooperation of the dental profession in conserving existing supplies.

SOM RNDOLPH COMPANY...TOLEDO, OHIO
TWEED AND DENSCO CUTWELL BURS





Cool Hot-Weather Breakfast Bolsters SUMMER ENERGY

In summer especially, a cool inviting breakfast is a simple aid in rebuilding lowered vitality.

There's a world of appetite appeal — as well as good solid food-value—in a pair of crisply toasted Nabisco Shredded Wheat biscuits, surrounded with fruit or berries, topped with sugar. Add nourishing milk. There's a breakfast that's a boon to an invalid's comeback.

NABISCO SHREDDED WHEAT is a whole-grain cereal made from 100% whole wheat, rich source of food energy. Contributes Proteins, Carbohydrates, Vitamin B₁, Iron, Phosphorus. Especially useful in supplementing the invalid's diet when other energy foods are low.



BAKED BY NABISCO...
NATIONAL BISCUIT COMPANY



THE WHOLE-GRAIN WHOLE WHEAT CEREAL



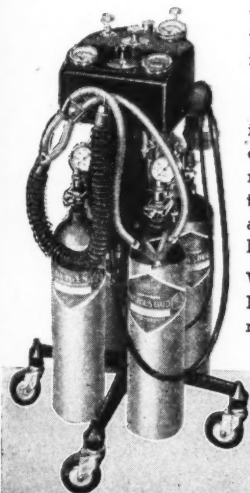
Like most dentists, your greatest need is *more time* to treat your patients. Meet this demand for more time through the use of nitrous oxid analgesia and anesthesia—the *time saver* that is enabling many dentists to care for more patients each day.

Under analgesia the patient remains calm and cooperative. Delays caused by "breathing spells," flinching and other reflex actions of the patient are minimized. You can begin treatment in shorter time after the patient reaches your chair and continue with less nervous strain on your part. All of which means more accomplished per hour—more patients per day—and better dentistry.

THE HEIDBRINK SIMPLEX

is the modern, easy-to-understand, easy-to-operate equipment for the administration of nitrous oxid. It meets all the requirements of the accepted technics of nitrous oxid analgesia and anesthesia, including self-administration by the patient.

Write for a copy of the booklet, "Analgesia with Nitrous Oxid," which clearly explains this technic and answers questions dentists often ask.



THE OHIO CHEMICAL & MFG. CO.

Cleveland 14, Ohio New York 22, N.Y. Chicago 12, Ill.
Birmingham 5, Ala. San Francisco 3, Calif.

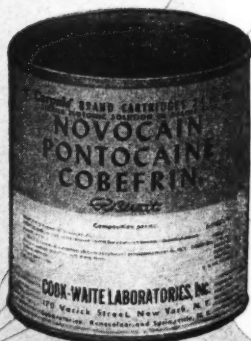
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clinical experience proves . .

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LONGER DURATION

Novocain-Pontocaine-Cobefrin satisfactorily answers the need for profound anesthesia in addition to prolonged duration. The inclusion of Pontocaine in this formula provides prolonged duration *without* increasing the amount of vasoconstrictor.



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INTENSE ANESTHESIA

Satisfactory anesthesia for not only surgical operations but also the difficult operative procedures is assured with Novocain-Pontocaine-Cobefrin. You save valuable time and your patient enjoys pain-free dentistry without undue delay.

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The remarkable efficacy and tolerance of Novocain-Pontocaine-Cobefrin is proven by over 30,000,000 injections since its introduction. Many dentists have found its use indispensable in their practice and its tolerance excellent with every type of patient.

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Liquid Bulk



FACED with the problem of cleaning their enormous stockyards, the Romans constructed a magnificent channel which effectively drained the waste-laden stables.

Similarly, in the intestinal tract, there is no more efficient method of flushing away waste than by the use of *liquid bulk*—as formed by Sal Hepatica plus water.

Clinical and laboratory tests prove that:

★ in the isolated loop of a dog's ileum, a laxative solution of Sal Hepatica increased the liquid bulk by 34 per cent in one hour.

★ in thistle tube experiments, a Sal Hepatica solution increased the liquid bulk by 100 per cent within 6 to 12 hours.

★ Sal Hepatica's liquid bulk helps stimulate bowel muscles, maintain a proper water balance. And the salines of Sal Hepatica help relieve gastric acidity, help promote the flow of bile.

Dentists find Sal Hepatica helpful in guarding against systemic infection during the treatment of Periodontoclasia, Pulp Infection, Vincent's Angina, Chronic Abscesses, Retained Root Fragment and Sinus Involvement.

Bristol-Myers Company, L West 50th St., New York 20, N. Y.

TO HELP FLUSH THE INTESTINAL TRACT

Sal Hepatica  **Liquid Bulk!**

This is a Transfusion!

IN WAR, DRAINED MINDS
NEED THEM, TOO



IN MODERN war, fright, shock—no less than wounded flesh—sap fortitude, shrink staying power. Restoring fighters' morale is a constant concern of the military doctor. Whether under front-line fire or sheltered in a base hospital, he knows the lift of a friendly smile, a helping hand—a cheering talk over a cigarette. A Camel, most likely, the first choice of service men.* It's a busy life for the medical officer. He too appreciates precious moments of relaxation...with a Camel.

1st in the Service

*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)

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TOBACCOS



New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.



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Why are these 3 words on
every Vernonite label?

Why? It's to point out what *distinguishes* VERNONITE, wherein it differs from denture resins made from the cheaper commercial products.

It's to assure you that the resin in VERNONITE is pure, hard, strong and stable. For plasticiser degrades acrylic resin, makes it weaker and less stable.

When you see a VERNONITE denture 4 or 5 years old still giving service, its color and dimensions the same as the day the denture was inserted, remember those three words, "contains no plasticizer." There's a connection. It isn't just an accident that VERNONITE keeps its form and color.

Those three words mean that VERNONITE isn't made of commercial resins. That's the cheaper, easier way, of course, but as every dentist knows, **QUALITY** and **PERMANENCE** are not achieved by the cheap and easy way.

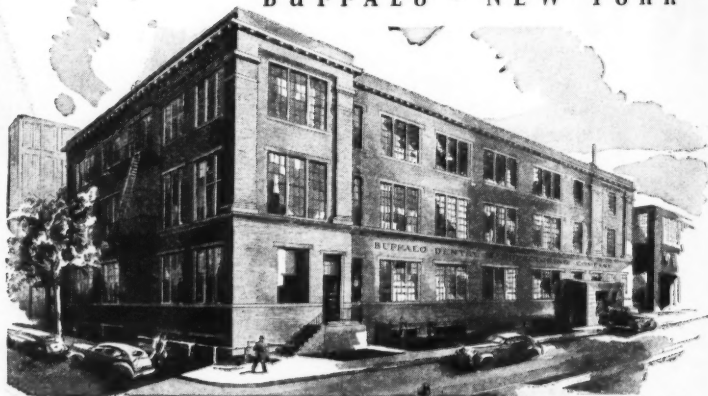
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30, PEN makers and distributors of pure methacrylic VERNONITE

THE production of goods for dentists has been our business for more than 75 years. And our company has lived through many major disturbances... During the present world conflict we are devoting our facilities largely to the needs of our armed forces. Despite this... and shortages of some materials... we still are able to supply many important necessities and to maintain, at the same time, the high quality standards upon which our reputation has been built.

BUFFALO DENTAL MANUFACTURING COMPANY

BUFFALO • NEW YORK



Serving the dental profession in the United States and in many countries in all parts of the world, Buffalo Dental designed and built this spacious, well-equipped manufacturing plant especially to meet its production standards.



You're still her Dentist!

YOUR RELATIONSHIP with your patients doesn't end the minute they walk out of your office door. Definitely not! They still expect your full-time services . . . even *in absentia*. That's why so many dentists are turning to 'ACETIDINE.' Its prompt, effective analgesic action makes it invaluable as an aid in combatting the pain which some patients experience following their visits to the dentist.

Two types of 'ACETIDINE' tablets are available . . . the regular formula of aspirin, acetophenetidin and caffeine, and a second in which codeine phosphate has been added for use on those occasions which call for additional analgesia.

You'll find that 'ACETIDINE' tablets or capsules will be of definite value in your practice—and since we'd like to have

you prove that yourself, we'll gladly send you a generous supply. Just sign and mail the coupon below.

Each 5-grain 'ACETIDINE' tablet or capsule contains:
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'ACETIDINE'

Tablets

Sharp & Dohme, Box 7259, Philadelphia 1, Pa.
 Gentlemen: Without charge, please send me a generous supply of 'ACETIDINE' tablets.

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Street

City..... State.....



The progress of the past *is inspiration* for the years ahead

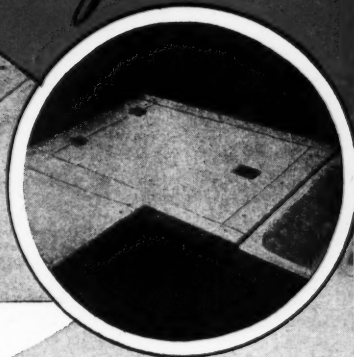
Dentistry and dental manufacturing have made great strides forward during the past century. When Dr. Samuel S. White founded this House in 1844, the value of dentistry to public health was recognized dimly. Today it is eminent among the healing arts, and its beneficences are felt in all parts of the globe.

Dental manufacturing has kept pace with the advancements in the theory and practice of dentistry, and we are proud of the part we have been privileged to play in the development of the material aids for the profession.

There is splendid inspiration in the progress of the past from which each of us may take encouragement for the years ahead.

THE S. S. WHITE DENTAL MFG. CO.
PHILADELPHIA, PA.

YOUR KERR CASTING MACHINE CAN LAST *for Years..*



YOUR Kerr Centrifico Casting Machine contains certain critical materials which make it hard to replace right now. So treasure it, and give it the simple care justly due this fine piece of machinery.

Best place for your machine is boxed in, below bench level, in that dead corner. Hinged or sliding cover can be flush with your bench.

Keep acid bowl at a distance; its fumes spoil bearings and finish.

Direct your flame straight into the crucible; don't scorch the machine's alloyed metals.

Speed up melting by lining your crucible with asbestos, thus concentrating the heat on your gold and, at the same time, protecting the metal.

Keep the machine always in balance, thus preventing bearing wear. And once a month, three drops of fine oil in the hole provided.

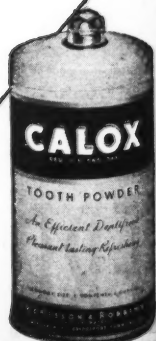
Result, smooth castings of unsurpassed density, until victory, and for years thereafter.

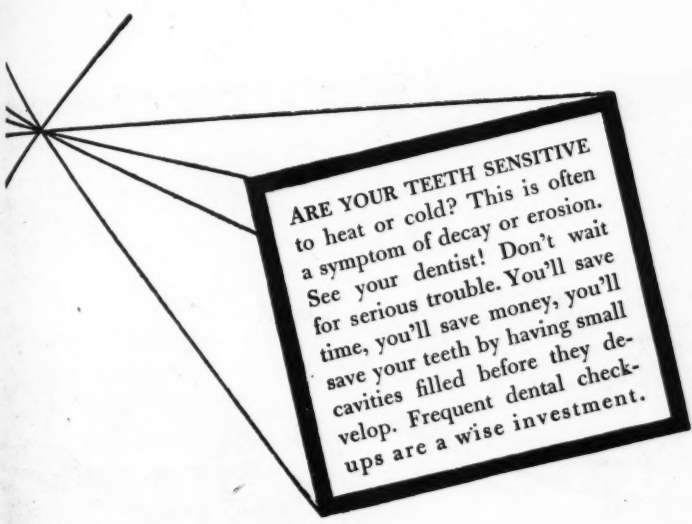
KERR DENTAL MFG. CO., Detroit

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Calox Tooth Powder
radio announcements
carry to the consumer
a message
such as this...

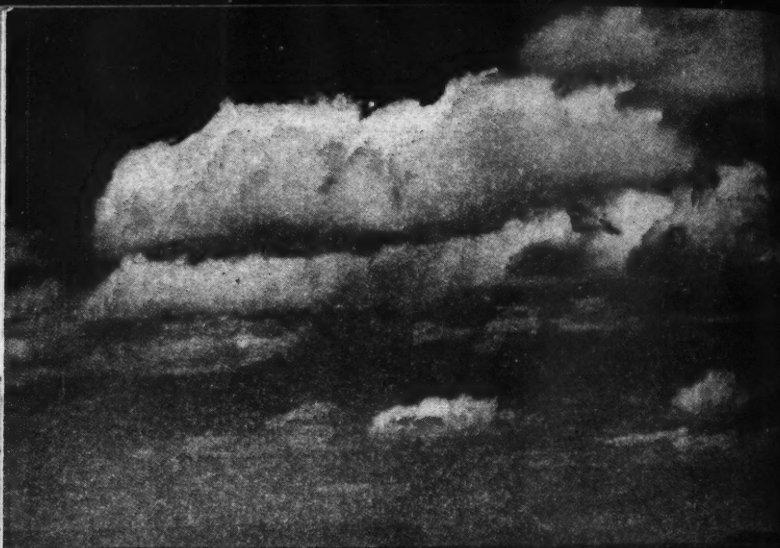




ARE YOUR TEETH SENSITIVE
to heat or cold? This is often
a symptom of decay or erosion.
See your dentist! Don't wait
for serious trouble. You'll save
time, you'll save money, you'll
save your teeth by having small
cavities filled before they de-
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NATURE'S ART

Down through the centuries, nature's hand has carved out of earth and rock, this monument of lasting beauty. Cracks, strains and erosions give variety to its surface... changing colors and light reflections keep its charm alive, vibrant.

In duplicating the live beauty in teeth, Dr. Myerson's True-Blend follow the same natural laws. Variety for interest; color and harmony—the play of light and shadow—for vibrant beauty.

Hand-blended by skilled craftsmen, Dr. Myerson's True-Blend Teeth gain their charm from a blending of striations, erosions and irregular incisal edges.

And these more natural looking teeth are stronger, too. For greater security in processing and use, specify—

Dr. Myerson's
TRUE-BLEND *Anteriors*
and
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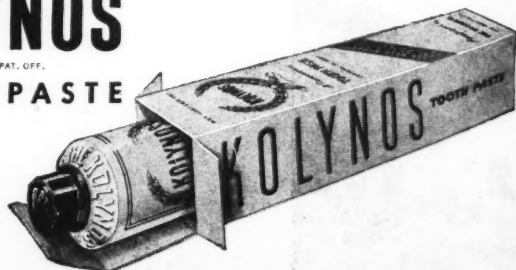
Everybody enjoys using a tooth brush when a dentifrice tastes good. You'll find patients of all ages will quickly pick up the habit of brushing their teeth regularly when you suggest a

tooth paste as pleasant-tasting as Kolynos. It makes a rich, refreshing foam that helps to clean the teeth safely and thoroughly and leaves a fresh, clean taste in the mouth.

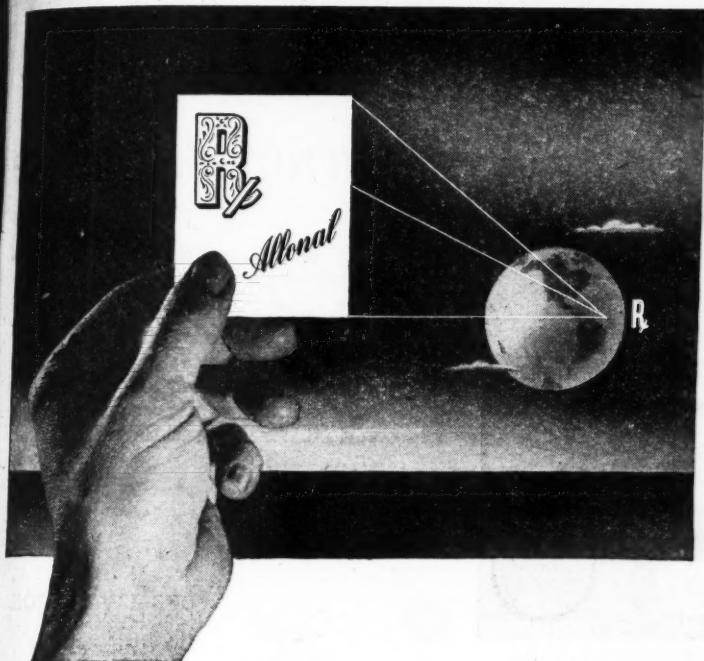
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TOOTH PASTE



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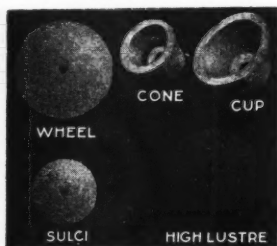
FOR PAIN AND INSOMNIA **ALLONAL 'ROCHE'**

BURLEW TIME SAVERS



Speed up Wartime Practice

BURLEW DISCS Patented "The Pumice is in the Discs"



Fast, Clean — and Safe. Won't scratch the teeth or injure the gums. Use for prophylaxis, and for cleaning and polishing silicate, amalgam, porcelain, gold, acrylic and vulcanite.

\$1.00 a box — any style or Assorted

CLIP precious minutes off every appointment with these Burlew Aids for the Operating Room.

Whether it's a prophylaxis; cleaning, polishing or finishing fillings, inlays or gold work; separating teeth; or keeping mouth areas dry after operating, you can do it Quicker and Better the Burlew Way.

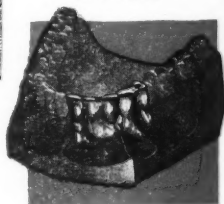
BURLEW WEDGES Patented "To S-P-R-E-A-D Teeth"



The modern, gentle way to separate teeth for cavity preparation or interproximal cleaning. Set contains about 100 assorted celluloid wedges, 2 separating discs and 1 wedge setter.

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An adhesive, waterproof foil to protect fillings, cemented inlays, etc., against saliva while setting. Wonderful for isolating medicated areas. Withstands biting; can be removed by patient.

\$1.00 a box

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Manufacturers of Dental Golds & Specialties

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Oral Hygiene

VOL. 34, NO. 6

JUNE 1944

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Edward J. Ryan
B.S., D.D.S.

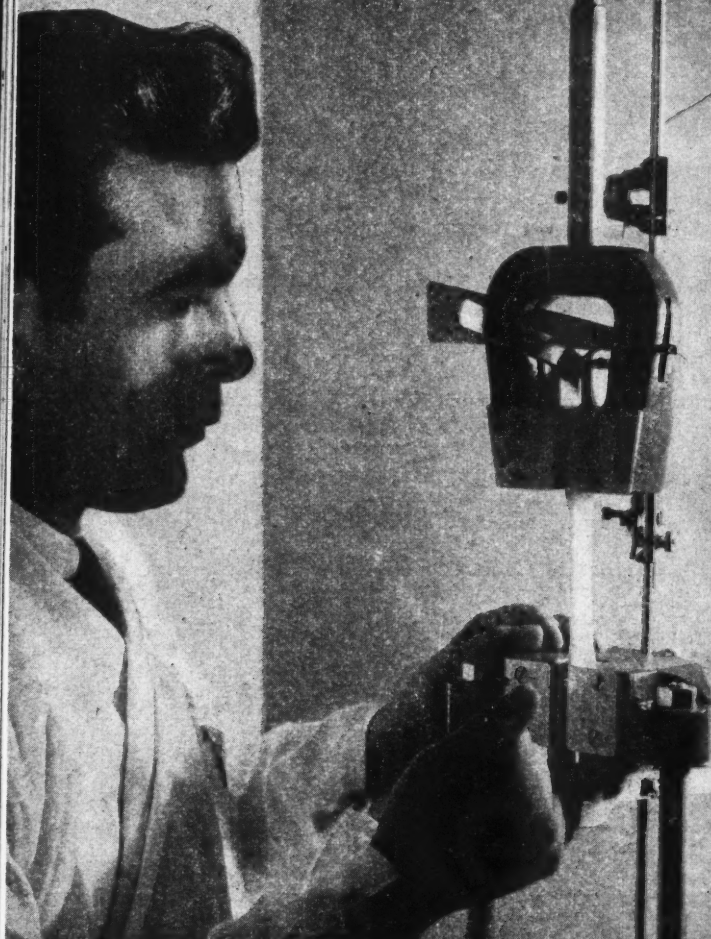
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EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh 22, Pa.; Merwin B. Massol, Publisher; W. Earle Craig, D.D.S., Associate; Robert C. Ketterer, Publication Manager; Dorothy Sterling, Promotion Manager; Elizabeth Boyle, Circulation Department Manager. DISTRICT ADVERTISING OFFICES: NEW YORK: 420 Madison Avenue; Stuart M. Stanley, Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building; A. D. McKinney, Southern Manager. LOS ANGELES: 816 West Fifth Street; Don Harway, Pacific Coast Manager. Copyright, 1944, Oral Hygiene, Inc. Member Controlled Circulation Audit.

HOW FAR WILL



This machine, which tests the tensile strength of Du Pont plastics, is one of the several torturing devices used to make sure that "Lucitone" can take it.

VILL DENTURE MATERIAL S-T-R-E-T-C-H?

HERE something is happening that never happened in any patient's mouth. Mechanical jaws pull Du Pont plastics to determine their tensile strength. And "Lucitone" methyl methacrylate resin, made specifically for your dentures, has also been subjected to this torture rack. The tests show that "Lucitone" is *more* than strong enough.

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"LUCITONE" is the trade mark on the only methyl methacrylate resin denture base material completely processed by Du Pont. "Lucitone" is distributed solely by the L. D. Caulk Company, Milford, Delaware.



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Better Things for Better Living . . . Through Chemistry

EFFECTIVE HOME ADJUVANT to help guard against GINGIVITIS

95% Cases Improved In 30 Days!

Under the supervision of practicing Dentists, individual dental examinations were made with a group of patients. 795 of these had Gingivitis.

Approximately half the patients were first given prophylaxis.

ALL were instructed to massage their gums and brush their teeth twice daily with Forhan's Toothpaste for a 30-day period.

Results Showed:

95% of those having Gingivitis were remarkably improved.

100% of those having normal gums maintained gums in healthy condition.

The above clearly indicates that massaging the gums twice daily with Forhan's is an effective home adjuvant to help guard against Gingivitis—and worthy of your recommendation. Won't *you* please indicate—

Forhan's
with massage

For Firmer Gums—Natural Sparkling Teeth



Picture of the Month

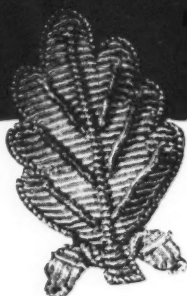


IN THE jungles of India, Captain W. R. Bowerson of Chicago and his assistant, Corporal Jens Mathiesen of California show how they give dental service to native troops under the jurisdiction of the U. S. Army. Captain Bowerson reports that he spent three weeks in Detached Service from the 111th Station Hospital giving treatments to these troops.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

MY TWENTY YEARS AS A NAVAL DENTAL OFFICER

By COMMANDER GEORGE H. REED (DC) USN*



"It isn't much of an office—just an old chain locker we cleaned out and fixed up with a dental chair and things."

I WORE A NEW white uniform, fresh from a shore laundry, when I reported aboard the *U.S.S. Louisiana* at Norfolk, Virginia, in July, 1916. My buttons I had gold plated myself in the dental office at the Boston Navy Yard from which I had just been detached and ordered to sea duty. My sword hung properly from my left side, and the stripe and a half of gold braid on my shoulder marks glittered bravely through the dust raised by hundreds of chipping hammers banging away on the steel bulkheads just outside the Executive Officer's office where I was standing beside his desk. It is hot in Norfolk in the month of July and

I felt a little too clean and freshly pressed to be entirely comfortable amid the noise, dirt, and general confusion of a ship in dry dock. However, I was observing Naval Uniform Regulations to the letter and, if anybody was wrong, it would be somebody else.

Probably my bearing reflected this attitude for the Executive Officer's face relaxed and he smiled slightly in recognition of my newness. "Glad to have you aboard," he said.

This is just a stock phrase, employed in greeting all officers reporting for duty on a Navy ship, and meant nothing. Mechanically I replied, "Thank you, sir," and waited.

"Seen the Surgeon yet?"

I said that I had, and the Ex-

*Commander Reed, now retired, was the first officer designated "In Charge of Dental Affairs" in the Bureau of Medicine and Surgery and the organizer of the Dental Division.

Executive Officer tilted back in his swivel chair and looked me over. "Well," he said finally, "We can use you. I suppose you know your business, and that's as it should be. You can fix up your routine with the Doctor and we'll find a place for you somewhere. You will, of course, have collateral duties, I need somebody to wet nurse the ship's band and look after the photography shop. Also we need an officer to run the laundry. You can take over those jobs as your additional duty. Know anything about running a laundry?"

"No sir."

The Executive Officer laughed (possibly because of the expression on my face). "Cheer up. You will," he said, and dismissed me.

On Ship Board

"It isn't much of an office," said the Senior Medical Officer, shortly afterward, as we threaded our way forward from the wardroom, "just an old chain locker we cleaned out and fixed up with a dental chair and things. Space is at a premium aboard ship, you know, and it was the best we could get. I've got a hospital corpsman in there now cleaning up, and that means painting—no sailor ever washed anything he could paint, especially that bird. Well, here we are. I don't know a damned thing about dentistry. Go to it and do as you please. This ship is a madhouse anyway." Then he grinned, thumped me on the

back and said, "Good luck and God bless you."

That was my introduction to life aboard ship as a dental officer in Uncle Sam's Navy. It is probably much different now, but back in 1916 we didn't have the vast Naval establishment we have today and, although I didn't know it at the time, it was customary then, when young officers reported for duty, to "tell 'em nothing and let 'em find their own bottoms" on which to sail. It wasn't a bad policy, but it had its faults. This country was just beginning to feel its way into the first World War and the Dental Corps was not considered of vast importance.

Dental colleges were as deficient then, as they are now, in courses of instruction on how to run a laundry, or play drum major to a brass band, and I, and others in our Navy Dental Corps, had been prepared for a normal professional life ashore. I knew nothing about managing a photography shop, nor about many other things which Navy dentists are required to do under the guise of "military duties," and was astonished when told that, aboard ship, such duties were regarded of more importance than my purely professional job. This was one of the lessons early Navy dentists had to learn, and learn the hard way: how to evaluate their services properly on the basis of what was best for the ship, as determined by the line officer in command.

When I look back on that chain locker on the gun deck of the first battleship on which I ever served, I have again the old familiar, depressed and deflated feeling I had when I first saw it, and for days and weeks thereafter. The dental outfit was a good one; the office had two portholes to admit fresh air (and, occasionally, the sea) and there was a hospital corpsman in attendance whose only qualification for duty as a dental assistant was the fact that he had proved worthless everywhere else. He greeted me that first morning with the information that the water and electric power had been shut off because we were in dry dock, the cuspidor was out of commission for the same reason, and that he had made appointments for seventeen men—every one with a toothache.

Back in the wardroom I learned that I had been assigned the last room aft on the port side, directly over one of the ship's propellers. Somebody told me later that it was considered a good room for the dental officer because if the vibration shook out any of his "fillings," he could make his own repairs.

No Definite "Rights"

For a young man full of patriotic enthusiasm and arrayed in the gold braid of an officer to be treated as a person of small importance or ignored as of little consequence at the outset of his Service career, is a bitter pill to

swallow. To learn that he is devoid of any definite "rights" where rights and privileges mean as much as they mean in a military organization, is even more unpalatable. To "carry on" under such circumstances is no fun but, as the first few days of my sea cruise passed and nobody threw me overboard with the rest of the garbage, I gradually settled down to study my shipmates and do what I could to improve my uncertain status. This was twenty-eight years ago, and I still retain traces of the involuntary inferiority complex that developed then.

My shipmates, I found, were fine fellows—particularly the younger officers. Some of the older officers, to whom a dentist in the uniform of a Navy officer was still something of a novelty, seemed to regard me as a freak foisted upon the Navy by "shore politicians," to be tolerated, of course, but not seriously regarded as of much value in an outfit of fighting men. One thing these oldtimers seemed to like was the opportunity it gave them to assign to the dentist various odd jobs, which have to be done on every Navy ship, and which nobody wants to do.

The ship's medical officer thought I should give instruction to gun crews in "First Aid to the Wounded." He thought also that the dentist's services should be made use of in stretcher drill and the problem of transportation of casualties. The dental officer

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couldn't "fill" teeth during a battle, therefore, why not place him in charge of a dressing station during "General Quarters" where his medical knowledge could be used in treating minor casualties while the medical officers were employed in caring for more serious injuries? The Executive Officer saw no reason why the dental officer could not also edit the ship's newspaper. The gunnery officer wanted somebody to check on things like the roll and pitch factor in target practice, and, of course, there were those jobs of wardroom mess caterer, cigar mess treasurer, which were becoming tiresome to the officers then in charge. The ship's service store needed overhauling, some new stock, and so on.

Objects To Duties

Having no arguments against such details—except the minor one which concerned the fact that the dentist might possibly be required to do a little dentistry on the side—I found myself trying to do them all, at various times, and then one day, in my ignorance, I rebelled.

I was down in the handling room of one of the forward turrets when this happened. I held a sealed envelope in my hand and on the envelope was written "to be opened in the handling room of No. 1 turret at 1031." It was then 1030 and I was looking at my wristwatch, waiting. At 1031 I opened the envelope, held up my

hand for attention, and read what it contained to the drilling, sweating gang about me.

In effect the contents of that envelope informed all present that a torpedo (imaginary) had entered the ship's side at a spot designated, and it was my job from that time on to see what that turret crew did about it and report to the wardroom conference that night. Not much was done at that particular time, and I was disgusted, for we had rehearsed such things before and certain precautions for the safety of the ship should have been taken, and taken at once. Because they weren't, I promptly informed all present that the handling room had been flooded and everybody in it had been drowned. Then I went back to the wardroom and wrote a letter to the Captain asking that I be relieved of that particular job and allowed to stay in the dental office during General Quarters drills to perform the service for which I, and only I, of all the officers on that ship, had been specially trained.

I won't go into detail about that letter for it was a mistake on my part. I was virtually condemned for mentioning dentistry and commended for what I was doing outside my dental office. I was told that the Captain knew what was going on aboard his ship, and when he wanted me to quit what I was doing and start doing something else, he would let me know.

All this, as I have said, was twenty-eight years ago. Things have changed considerably since those days. The Dental Corps is no longer an experiment. Dental officers still have their collateral duties aboard ship in the Navy, but in this respect dentists are no different from their brother officers in other corps. We have proved our worth now in our dual capacity as officers and dentists, and we have years of experience behind us.

We know now how to pass the buck to a good chief petty officer who does know how to run a ship's laundry and we should have "savvy" enough to go to bat for him when he needs a new mangle. We know how to buy music for a band and how to hold the bandmaster responsible for details in the administration of the affairs of his bandsmen. We know how target practice is photographed, and we know a lot of other things we never knew before. In the interim we have retained our professional knowledge, and what we have learned, in addition to this, has not hurt us any.

We should know by this time that the routine of life, and even the point of view, of the dentist standing in his office window

ashore and looking out to sea, may rightly differ in some details from that of a dentist standing on the deck of a ship and looking back toward the shore. We have "found our bottoms," so to speak, and know what we need in order to be even more efficient as a corps and still not interfere with the overall administration of the Naval machine. We have lost none of our dignity as professional men and have added to our stature in the Service. Now, I think it is justifiable to ask our civilian colleagues to cooperate with us in a serious effort to enable us to administer our own affairs.

Line officers won't object to giving dental officers authority in dental affairs, comparable to that of other staff corps. Neither do I think that the Medical Corps will offer serious objection to relinquishing its general supervision now that the Dental Corps has grown up and our value and ability to cooperate is better understood. I think it is only a question of demonstrating that the changes necessary in laws and regulations would be for the benefit of "all hands."

*R.F.D. No. 4
Belfast, Maine*

JUNE AWARD

COMMANDER George H. Reed (DC) USN wins the \$100 ORAL HYGIENE award for the best story published in the June issue.

June, 1944

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YGIENE

DENTISTS SHOULD

SUPPORT NAVY BILL

DENTISTS in civilian life can aid their colleagues in the Navy by actively supporting the Rivers-Andrews bill which has been introduced in the Congress. Under the provisions of this bill naval dental officers will have control of dental affairs. At present the dental division in the Bureau of Medicine and Surgery and the dental services on ships and shore stations are controlled by medical officers.

The Rivers-Andrews bill (HR 4216 and S 1861) provides for:

1. Establishment of a Dental Department in the Navy which will function under the Surgeon General as now provided in the case of the Medical Department; thus giving administrative autonomy to the dental service.

2. Cooperation of the Dental Department with the Medical Department in all matters of mutual interest and cognizance.

3. A Dental Department consisting of commissioned Dental Corps officers, chief warrant and warrant officers, and enlisted personnel. All such personnel will be under the supervision of the Director of Dentistry.

4. A Director of Dentistry appointed by the President from dental officers on active duty who, while so serving, shall have the rank of rear admiral.

If the Navy dental bill passes, the Senior Dental Officer of each ship, station, or organization, as head of the Dental Department, will be responsible directly to the Commanding Officer for the administration of the dental service under his command. Further, he will participate in all conferences called by the Commanding Officer and composed of heads of all departments, and at such conferences the Senior Dental Officer can present the dental situation fully and clearly. He will submit requisitions for dental supplies and equipment. And finally the Senior Dental Officer will have control of all dental personnel, especially respecting their duties and assignments.

The enactment of this bill will improve the efficiency and effectiveness of the Navy Dental Corps, which will be to the benefit of the entire Navy. It is the universal opinion of the officers of the Dental Corps that great improvements can be made in the dental service.

The Rivers-Andrews bill should become law.



Military News

Allied Dental Society:

A significant forward step in professional cooperation between nations was taken recently: leading dental surgeons of the Allied Nations formed an Allied Forces Dental society. The American Dental Association reports that this society was established for the purpose of pooling ideas to improve the health of the fighting forces and to develop post-war dental science. More than 650 dental surgeons of the Royal Navy, Royal Air Force, and American, British, and Canadian Armies have been admitted to membership in the new organization. Major Richard H. Carnahan of Texas, Captain Philip S. Brackett of Massachusetts, Lieutenant Commander E. S. Boden of Ohio, with the help of British dental officers, organized the society in London. Dental surgeons of international reputation give lectures at the society's monthly meetings.

Quota of Dental Students Reduced:

Dental and medical schools throughout the country will suffer a 50 per cent reduction in the Army quota of students scheduled to enter next year as a result of new regulations announced by the War Department. Instead of assigning 5,800 dental and medical students as originally planned, the Army will admit only 2,800 for the term beginning in January. Reduction in the Army Specialized Training Program has made it necessary to modify the school program, leaving only sufficient

predental and premedical trainees to insure one-half of the dental and medical vacancies for 1944-1945.

The quota for dental schools has been cut from 35 to 18 per cent and that for medical institutions from 55 to 28 per cent. It is expected that these proportions will be reduced further at a later date. The quota for 1946 has not been established, and the number of Army men assigned to schools at that time will be governed by existing needs.

Relocation of Medical Personnel:

Any qualified dentist or physician who will move to a community needing his service, for *one year's practice*, will be aided by the U. S. Public Health Service, according to a law passed by the 78th Congress. The dentist or physician will be given an allowance of \$250 a month for three months, plus actual costs of travel and transportation of the professional man, his family, and household effects. Of this amount, three-fourths is contributed by the Public Health Service and one-fourth by the community requesting the practitioner.

An application for assistance may be made by any municipality, county, or other local government subdivision. Blanks will be furnished on request by the State Health Department. The community should forward the formal application with \$300 to the State Health Department for approval. Once the application is approved it is sent with the \$300 to the U. S. Public Health Service.

The dentist or physician who wishes to be relocated should write to the U. S. Public Health Service asking for a "War Manpower Application for Relocation." He then executes this form and files it with the Chairman of the State Procurement and Assignment where he is practicing or in any State in which he is admitted to practice. On the completion of satisfactory arrangements, the U. S. Public Health Service will send the practitioner "Relocation Agreement" forms. He must execute these, promising to serve for at least one year in the community specified as needing his services.

Mobile Dental Units For Army:

A campaign is now underway among the dental laboratories of the United States to obtain contributions for the purchase of mobile dental laboratories to be used in the various theaters of war. The presentation of the first of these mobile units to the United States Army took place at the Army Medical Center, Walter Reed Hospital in Washington. Major General Robert H. Mills accepted the mobile dental laboratory unit for the Army saying:

"The dental laboratory has done a remarkable job in the training of thousands of technicians these past years and these efforts have paid tremendous dividends during this war.

"Today the dental laboratories of Maryland State Dental Laboratory Guild and the District of Columbia Dental Laboratory Association are extending another aid which will afford prosthetic service in combat areas. This mobile dental laboratory which is presented by you to the Army has been tested in every way and has been found

worthy under all conditions. It is estimated that the mobile unit can meet the prosthetic needs of approximately 25,000 troops in the field.

"I accept with a great deal of pleasure this mobile dental laboratory for the Medical Department of the U. S. Army. Laboratories which have made this gift possible can be assured that their contribution will be utilized to the fullest extent, and that they have made available a more complete dental service to the men who need it most."

The first mobile dental laboratory unit to be presented is housed in a two-and-one-half-ton standard Army vehicle capable of transversing uneven terrain. The unit has hot and cold running water and an electric generator to supply the power to operate laboratory equipment and lights. It contains casting equipment for gold alloys and has facilities for vulcanizing or curing dentures. The laboratory is operated by one officer and three dental technicians. Donations for the laboratory amounted to \$5,780.

Medical Commission Reports:

A report which recommends that naval eye and dental requirements be lowered to correspond to those in the Army general service requirements has been submitted to President Roosevelt by the special five-man medical commission which he appointed to study physical, mental, and moral standards for admission to the armed forces.

Veterans' Administration:

A dental division, to be under the supervision of a dentist with the title of assistant medical director, has been established in the Veterans' Administration.

AN OLD-AGE INCOME FOR DENTISTS

By JULIUS I. GIFFORD, D.D.S.



Specific plans for setting up a retirement income outlined by dentist.

THE LAST time the postman dropped a large envelope from the American Dental Association on my waiting-room table it set me to thinking. This letter contained a sheet of A.D.A. relief stamps. I happen to know that the members of the American Dental Association have contributed as much as \$27,000 in a single year in buying these stamps. This money is used for the relief of dentists who, either through misfortune or because of age, have become dependent on this type of contribution. The only hope for many dentists, in their hour of retirement, is the A.D.A. relief stamps which their associates may be generous enough to buy.

You may ask then, "Doesn't the dentist ever make any investments and try to develop a fund for his benefit at a retirement age?" Yes, often he does. But it is the rare professional man who can engage successfully in the business of buying and selling real estate, or in the intricate transactions of the invest-

ment market and, at the same time, continue his professional services. His duties require too close concentration of his time.

There is, however, a way in which a professional man can provide an income for his old age—a plan which every professional man should follow. I will illustrate my plan by using one of you, a professional man of 25, just starting your professional service, and show you how you can retire thirty years later at 55 with an income of \$100 or more per month as long as you live. The statistics and facts which I will give in my illustration are taken from an old-line, nationally known mutual life insurance company with which I am thoroughly familiar.

At the age of 25 you buy a \$10,000 policy or contract of life insurance, known as a "Special Retirement Endowment At Age Fifty-Five Years." For this type of life insurance the annual premium is \$48.18 per thousand or a total pre-

mium of \$481.80 per year. This seems like a considerable amount of money to contribute each year, but the premiums you pay for life insurance come back to you in your old age. This amount of premium you pay annually until 55, at which time all premium payments cease and the insurance company begins paying you an income of \$100 per month from that date on as long as you live. You will note that, the face of your policy being \$10,000, the monthly income you receive at 55 just equals \$10.00 per thousand. In order for the insurance company to give you a total monthly payment of \$100 as long as you live, there must be a cash value in your policy equal to \$1,796 per thousand when it ma-

tures. Therefore, the actual cash value of the whole policy at maturity is \$17,960.

This type of investment not only assures you of an income after 55, but there is an additional feature, all to your advantage—if death should occur before you are 55 the insurance plan automatically matures without any further premium payments and the beneficiary whom you have named will begin immediately to receive the proceeds of the policy and can be assured of a regular monthly income for life. We might say this type of investment does double duty—it provides an income to you if living, or an income to those who are closest to you. There is peace of mind in that thought.

There are several specific plans for building your old-age income.



There are several specific plans for building your old-age income that I should like to describe. For purposes of distinction let us refer to them as Plans Number one, two and three.

Plan Number One

The Premium Reduction Plan: As I have shown, your premium on a \$10,000 policy is \$481.80 per annum at 25. Had you started this type of insurance plan one year ago, at the end of the first year you would have received from the insurance company a dividend. This dividend money you could apply on the payment of your second-year premium. The second-year dividend could be used to reduce your third-year premium and so on. This in no way affects the \$100 per month income you will receive when you reach 55, but makes the annual premium load easier for you to carry.

Plan Number Two

The Dividend Accumulation Plan: Under this plan, instead of using the annual dividend to reduce your next year's premium, you can leave each dividend with the insurance company and let them accumulate at interest. The insurance company pays a rate of interest annually upon accumulations. As each year's dividend is added plus interest, the fund continues to grow. Should death occur before you have reached 55 the dividend accumulations plus interest would be paid to your bene-

ficiary with the proceeds of the policy. Nothing is lost or sacrificed by this plan, but just the opposite; it increases the value of your investment rapidly and is entirely in your favor. The real point of interest in this plan is as follows: the history of the past dividend record shows that under this dividend accumulation plan there would be sufficient dividend accumulations to complete the payments of all annual premiums after you reach 50, and from then on you could look forward with confidence to \$100 per month at 55.

Plan Number Three

The Dividend Addition Plan: Under this plan, instead of leaving the annual dividends to accumulate at interest, the dividend money is used to buy "Additional Paid-Up Insurance." You note the type of insurance your dividend buys is "paid-up insurance." By this is meant you do not have to pay an annual premium on this extra amount of insurance the next year. The following year your next dividend also buys an additional amount of paid-up insurance. If death should intervene these additional amounts of insurance are paid to your beneficiary with the proceeds of your policy, increasing the death value. Moreover all of this additional paid-up insurance matures for its face value in cash when you reach 55.

By buying additional paid-up insurance with each year's dividend past records show you would

have purchased \$6,386.60 more insurance. This \$6,386.60 also matures as an endowment increasing the actual value of your policy to \$24,346.60. This total sum, if left with the insurance company, would increase your monthly income to \$135.60. Not a bad idea, would you say? The results of your years of labor and thrift mature into substantial cash returns. With this systematic plan you have created an income for yourself for the remainder of your life.

How much money was invested in order to produce \$24,346.60? The total premiums were \$14,454. The premiums have all come back to you and your investment has increased approximately \$10,000. Can you find any type of investment that can equal a plan like this?

At the maturity of your policy, the insurance company, instead of providing you with a pension payable only so long as you live, at your option, will pay a smaller monthly pension to both you and your wife or to the survivor as long as each lives. The income would not be as much per month on two lives as on one, but both husband and wife would be

sure of an income as long as either lived.

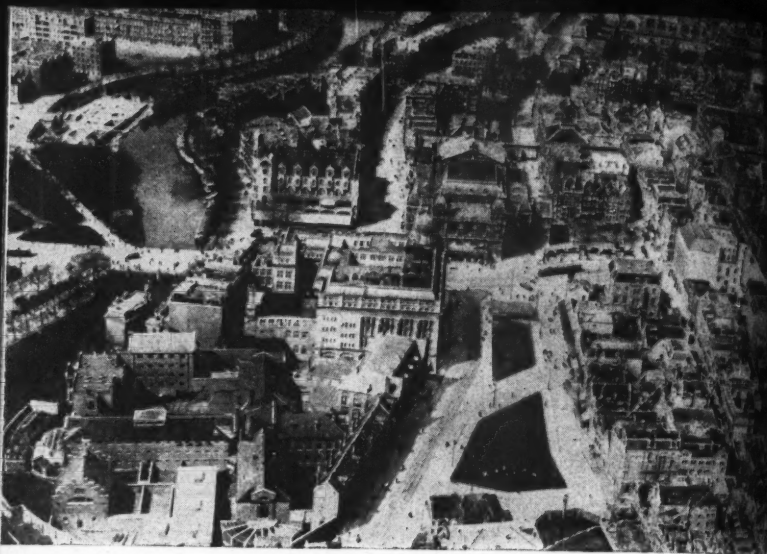
I have given an outline of a plan for "An Old-Age Income"—a plan that is open to the dentist, the physician, or to anyone who cares to take advantage of it. My illustration has been from ages 25 to 55, but don't think because you are past 25 you are too old for the plan. You can start at any age. The more you invest the larger your old-age income will be. At 25 if you could carry only one-half the annual premium I have illustrated, the proceeds and income at maturity will be far more beneficial to you than all the A.D.A. stamps which may be bought in your favor.

Remember the money you invest in life insurance also helps to buy ships and the needed equipment for the defense of your country. Few investments which you can make are so well protected by law as life insurance. The maturity of the plan may be at ages 55, 60, or 65, whichever suits you best. The point is: Start the Plan. Then you will be sure of "an old-age income," which you cannot outlive.

286 Wall Street
Kingston, New York

IF YOUR ORAL HYGIENE IS LATE

IN WARTIME, the postal service is overburdened. Consequently, magazine mail is delayed. We start to mail ORAL HYGIENE during the week preceding the month of issue. But it is impossible to control the date of delivery to readers. So please be patient if your ORAL HYGIENE is late. It may help delivery if you will advise us of your postal zone number.



A Dentist from OLD Amsterdam Comes

By HERBERT LOEB, D.D.S.*

Driven from Europe by Nazi bombs, dentist finds new home.

A SMALL overnight bag is all that is left as a reminder of home, country, social position, and a way of life that was ended by Nazi bombers. In it I still keep some snapshots of my mother, of our country home, and of some street scenes in Amsterdam.

We—my wife and two sons—escaped from Amsterdam on May 15, 1940, five days after the Nazi

attack. The radio, at 8 o'clock in the evening, announced that the Commander-in-Chief had surrendered the Dutch Army after the bombing of Rotterdam and the threat that it would be repeated in the other cities. No help from England nor from France; it was that awful period in the history of the democracies—of waiting and indecision.

We expected the Nazis to enter Amsterdam at any moment but they waited from that evening till the afternoon of the next day so they could goose-step into the city with flags flying. I suppose we should even have been a little grateful to their vanity in these moments, because it is the only reason that we got away. Late in

*Doctor Loeb was a graduate of the University of Utrecht in the Netherlands in 1919 and received an American dental degree from the University of Pennsylvania in 1942.

Com

NEW Amsterdam

the evening we decided to try to get to the coast; we took with us the small overnight bag and all the currency we could find. At Ymuiden, the harbor of Amsterdam, we tried all night to find a fisherman willing to risk the mine-infested waters of the harbor and of the English Channel. Finally about dawn we found a fisherman who agreed to try to ferry us to England. Though it took nearly all the money we had with us, we gladly gave it to him.

At 4 o'clock in the morning we left in a fifty-six-ton boat with sixty-two persons aboard although twenty-four was the normal capacity. At least fifty persons jumped aboard at the last moment.

The skipper was a coastal fish-

erman who had never crossed the North Sea. On a map he drew a straight line and that meant that we should arrive at Lowestoft on the East Coast of England.

At 9 o'clock in the evening we saw the English coast three miles south of Lowestoft. Some shooting by German planes, and passing of mine fields in which the remnants of other boats still were floating, were mere incidents. When we reached Lowestoft the mayor and the population received us with hot tea and cake, saluting us as their allies. At this moment we did not yet realize that we were "refugees."

We stayed for six weeks in London and then, via Glasgow and Halifax (Nova Scotia), we reached Montreal and New York. The boat that brought us over was the *Monarch of Bermuda*, a former luxury liner. Now it was a troop carrier that had seen the battle of Narvik and the luxury of former days was not evident.

We sailed in a strong convoy, and, besides much gold and many children, we had important persons aboard, such as Sir Norman Angell of the Bank of England, the French author, André Maurois, and the journalist Pertinax.

Enters Dental College

In New York I had to make up my mind where to go to school. Many of the Dutch dentists went to American schools and especially to the University of Pennsylvania and to the Chicago College

of Dental Surgery. I chose the University of Pennsylvania and in September I entered that school as a junior student. At the same time my elder son began his study in chemistry, so it happened that father and son were students at the University of Pennsylvania.

The first thing that surprised me was the small number of girls studying dentistry. Why? Of course I may be biased; I met my wife in the Dental School of the University of Utrecht of which she also is a graduate. Nevertheless, I think that it is better to stimulate the study of dentistry for women before extending the authority of dentistry to dental hygienists in order to cover a larger field. Such foresight would prevent the existence later of *first*, *second*, and *third-rate* dentists.

American dentistry may well be grateful to Horace Hayden and Chapin Harris who made of dentistry an independent branch of science, gladly cooperating *with* medicine but not *under the supervision of* medicine. Experience in some countries of Europe indicates that, whenever dentistry loses its autonomy to medicine, its progress is impaired and its development hindered.

Lack Independence

In the Netherlands, the dentists still have to fight for their independence. Dental teachers do not have the title of professor. This is reserved for members of the faculty of medicine and the dental

teachers are not members of this body. In the faculty meetings they have an advisory voice but decisions are made as expressed in the famous peace treaty of Utrecht in 1712: "*Among you, about you, but without you.*"

The sad story is that the dental school of the University of Utrecht is a subdivision of the school of medicine. Furthermore, a physician has the right to practice dentistry but does not have the right to use the dental degree. He calls himself a "Specialist in Dental Diseases." Medical supremacy forbids the dentist the use of general anesthesia and internal medication.

All this has its effect on the Dutch dental school system; the American schools have a broader basic medical education.

The Netherlands Dental Association cannot be compared with the American Dental Association. But what our organization, with its 1700 members, about eighty-five per cent of the total number of dentists, advocated, was based on a sound principle. The organization followed two lines, one referring to the *age* of dental patients, the other to their *finances*. The line of age deals with prenatal care, preschool care, school dentistry, and finally, adult dentistry.

The financial line begins with the lowest income groups but stops where the Association may assume that the patient has means to take care of himself.

AMERICAN DENTISTRY TO AID HOLLAND

Dental educators have undertaken a project designed to restore dental practice in Holland to its prewar level as soon as possible after the country has been liberated. One of the leaders of the group is Doctor F. L. T. Appleton, dean of the School of Dentistry of the University of Pennsylvania. A unit will be formed under his direction to give courses on dentistry at Utrecht University in Holland when conditions permit. These courses will be given in the English and Dutch languages and will last four weeks.

Professor Lester W. Burket has been appointed by Doctor Appleton to head the committee, and Doctor Herbert Loeb has been commissioned by the Netherlands government to assist Doctor Burket.

Both lines can be followed only when we have the controlled dental practice. This means that, first, the mouth has to be restored to optimum health and, after that, periodic treatment has to be administered.

The slogan used in America, "See your dentist twice a year" does not cover the first part of a systematic plan of treatment. And this is the most important part. Without this basis of restoring the mouth to optimum health, the administration of periodic treatment is of no use.

Restoration to optimum health means:

- a. to remove teeth that cannot be restored.
- b. to clean up diseased mucosa and diseased tooth pockets.
- c. to fill all the cavities in the remaining teeth.

d. prosthetic service if necessary.

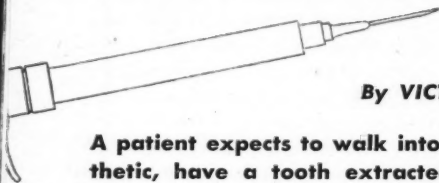
In practice, this means: to bring the mouth in a condition without foci of infection and without any damage within the control time: for children, this is four months; for adults, six months.

If you treat every patient in this fashion, you are a dentist, and not a shopkeeper who sells "fillings" and dentures.

With the public dental-minded and with its good dental schools, America should have the finest dentistry in all the world. But strange things happen. Publicity releases tell the public that children's dentistry is most important yet in many offices no children are admitted. The gap between publicity—or the educated layman—and the dental profession is

(Continued on page 958)

WHO EXAMINES YOUR PATIENT?



By VICTOR H. FRANK, D.D.S.

A patient expects to walk into a dental office, take an anesthetic, have a tooth extracted, and walk right out again.

IN ORAL SURGERY and exodontia, there is a great need for a thorough examination of every patient, prior to the operative day, to determine his ability to take an anesthetic.

Recently I made a detailed study of two hundred consecutive cases to evaluate the efficiency of pre-anesthetic tests—tests immediately prior to the administration of the anesthetic. In the survey I found that 28 per cent of the patients had visited a physician within a month preceding the operation; none had inquired about their ability to take an anesthetic. Fifty per cent had visited a physician within six months and, likewise, not one of this group had inquired as to his reaction to an anesthetic. Not more than 5 per cent of the 200 cases came with any instructions either positive or negative from their physicians.

These figures support the contention that the average person does not attach sufficient importance to the anesthetic administered for the removal of a tooth. If he

were going to a hospital for the same kind of an anesthetic, he would submit to a thorough physical examination, have blood and urine tests, take a sedative, and rest for at least twenty-four hours following the anesthesia.

Most exodontists and oral surgeons do take pre-anesthetic tests, and are qualified by experience to give anesthetics. However, a careful checkup of examinations taken immediately prior to the operation shows that these are likely to be misleading because of the attendant anticipatory excitement. Moreover, the interpretation of these tests should not be left to the oral surgeon or dentist who is seeing the patient for the first time, but to his regular physician who knows his general condition and history.

It is safe to assume that many of these patients I questioned had told their physician that they contemplated having oral surgery procedure performed. If so, think of the reassurance a dentist would have in giving an anesthetic and

performing a surgical operation with the knowledge that the patient had been examined by his physician and had been pronounced a good anesthetic risk.

My plea to dentists is to impress upon their patients the attention necessary to the administration of an anesthetic in the extraction of a tooth; the importance of an examination by the patient's regular physician to determine his ability to take an anesthetic; the insistence that the patient tells his examining

physician that he plans a dental extraction.

My plea to physicians is that they instruct their patients about their ability to take an anesthetic, and that they advise the dentist about the patient's condition.

In other words, I urge a closer cooperation between physician and dentist for the welfare of their patient.

1800 Pine Street

Philadelphia, Pennsylvania.

"THE AMERICAN DENTIST IS IN DEMAND"

IN AN ARTICLE entitled AMERICA'S WORLD PURPOSE published in *Life* magazine William Ernest Hocking analyzes characteristics of Americans the world over. He makes an especially significant reference to dentists:

"Wherever I have traveled I have found Americans at home in foreign parts. Merchants, consuls, teachers, engineers, dentists or scientists, they have friends among the people with whom they are living. I mean friends. The reason for this seems to me much the same in all cases. Two things go to make a good teacher: a knowledge of his subject and a knowledge of the difficulties his pupil is going to have with that subject. Everywhere abroad it is the American dentist who is in demand. Two things go to make a good dentist: a knowledge of his art and a knowledge of the susceptibilities of his patient. All of them, besides being good in their specialty, need to be practical psychologists to the extent of knowing where it is going to hurt! This means doing your job and at the same time taking the other man's point of view. Possibly a little more of this exceedingly simple quality can make the chief turn required in our diplomacy today."





Dentists in the News

Boston (Massachusetts) Daily Globe: Doctor Alfred LeRoy Johnson, professor of clinical dentistry and nationally known orthodontist, is the newly appointed administration officer of Harvard University School of Dental Medicine and he has also been named Associate Dean of the Faculty of Medicine. Doctor Johnson, who has been a member of the Harvard staff since 1942, is a graduate of Tufts Dental School.

Philadelphia (Pennsylvania) Record: Anna Jarvis, the 83-year-old founder of Mother's Day, who is seriously ill in Marshall Square Sanitarium, had a radio at her bedside May fourteenth to hear the theme song of the annual event she established. The song, "It's Mother's Day (So Wear a Carnation)," was written by Doctor William B. Richter, the Philadelphia dentist who has many songs to his credit.

Detroit (Michigan) News: Because her home and dental office in Poland were bombed three days after the war began, Flying Officer "Miss X," a Polish dentist with a surgery on wheels, now travels throughout England giving dental treatments to members of Polish squadrons at RAF stations.

Philadelphia (Pennsylvania) Inquirer: Eleven dentists, who have practiced for more than 50 years, were honored at the annual dinner and meeting of the Philadelphia County Dental Society at the Benjamin Franklin Hotel.

The dentists are: John S. Anderson, Louis Britton, Alexander Cornish, John A. Mayer, George F. Payne, Charles B. Schupack, Wilson Zerfing, John P. Sager, G. D. B. Darby, Charles T. Gil- den, and A. Dewitt Gritman.

Chicago (Illinois) Sun: The return of Cross and Dunn, song stylists, to head a current Chicago show reminded Doctor E. A. Frankel, dentist of 5023 Broadway, that 31 years ago he and Cross were partners in a song and dance act called Fields and Marshall. Doctor



Frankel was Fields and played in the act for several years until he received his dental degree. For the last 29 years Doctor Frankel has been a dentist. "But here's a funny thing," Doctor Frankel said, "Cross, who stayed with the show business and became prominent in it, envies me; and I envy him. Odd isn't it? We have both done all right yet we would like to be in each other's shoes."

Chicago (Illinois) Tribune: Not long after he set up his dental office for the U. S. Forces in Dutch New Guinea, Captain J. B. Berkowitz of New York City started to take care of a soldier patient who needed a tooth extracted. He

took out his forceps but before he had time to get into action the soldier fainted. Captain Berkowitz's assistant revived the patient, handed him a bottle of smelling salts, and said "Here, take this." The aide turned away and came back to see the patient gulping. "You didn't swallow it?" he cried. Extracting the patient's tooth was delayed until another day and he was referred to the medical staff.

Chicago (Illinois) Tribune: Doctor Robert W. McNulty has been appointed Dean of the Chicago College of Dental Surgery of Loyola. Doctor McNulty, who has been a faculty member since 1926, is the third dean the school has had in its sixty-two years of existence. He succeeds Doctor William H. G. Logan who died a year ago. Doctor Mc-

Nulty was graduated by Hanover College in 1918 and received his dental degree from Loyola University.

Chicago (Illinois) Tribune: One of the strange trophies of the war was a giant turtle speared off a South Pacific island by Lieutenant Walter J. Bittman, a former Chicago dentist. Lieutenant



Bittman was photographed with his trophy demonstrating that the turtle was the same height as a native child of three feet.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to *Dentists in the News*, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Awards for news items published in *DENTISTS IN THE NEWS* go to:
A. COLBURN, 16875 Sussex, Detroit, Michigan.

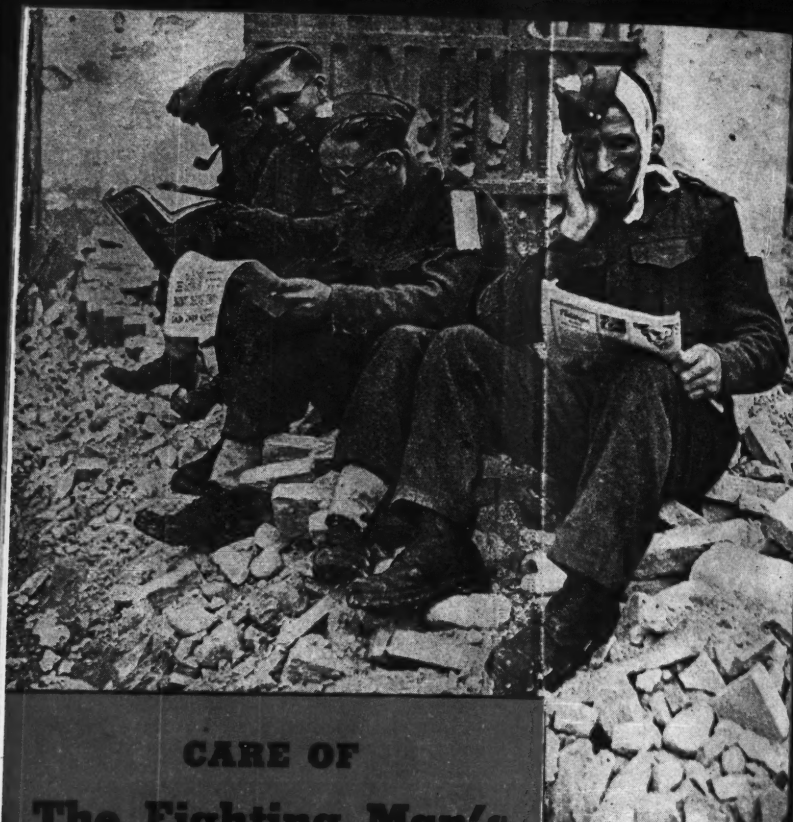
R. G. NOLAN, 230 West 45th Avenue, Gary, Indiana.

HAROLD S. JONES, D.D.S., 24 North 12th Street, Allentown, Pennsylvania

MISS SHIRLEY LEE, 1738 North 13th Street, Philadelphia, Pennsylvania.

A CORRECTION

IN A NEWSPAPER story published in the February issue of *ORAL HYGIENE* in the *DENTISTS IN THE NEWS* Department credit for the discovery of the new blood coagulant, thrombin, was given to Doctor Stephen P. Mallett, oral surgeon of the Boston City Hospital. Doctor Mallett wishes to make clear that he did not discover thrombin but that the agent was discovered in the laboratories of Doctor George Minot, Nobel Prize Winner, of the Boston City Hospital.



CARE OF The Fighting Man's Mouth

By BRIGADIER H. STOBIE, L.D.S.*

THE MAIN principle of treatment in Britain's Army is directed toward the restoration of health and the return of the soldier to duty as expeditiously as possible.

*Consulting Dental Surgeon to the British Army.

In Lenciano, Italy Private J. L. Williams, with a bandaged face, waits with others on a heap of rubble that serves for the waiting-room of Captain D. F. Glass, dentist to the British Eighth Army.

Fortunately most diseases of the gums do not greatly incapacitate a man, but their treatment requires a certain amount of interference with routine training and duties. However, so early and

Dental treatments receive new emphasis in this war.

so well have dental officers stressed the importance of gum disease, not only to other ranks but to officers as well, that there is now a definite "gum consciousness" pervading Britain's Army.

The diseases which claim most of the attention of dental officers are acute ulcerative gingivitis, acute and chronic gingivitis, and periodontal disease.

Experience in treating "trench mouth" gained during World War I and the uncertainty of what might arise as a result of present methods of warfare led Britain's Army authorities from the beginning of hostilities to focus attention on the early recognition and treatment of acute ulcerative gingivitis, in order to prevent any tendency for its incidence to assume menacing proportions.

The wisdom of that policy has been fully proved, and there is no evidence that Service conditions are responsible for the occurrence of this disease. Within reasonable limits, no restrictions have been placed upon methods of treatment of acute ulcerative gingivitis, and, whenever possible, the wishes and experience of individual officers have been considered. Resulting from this experience, a well-known, standard treatment has been recommended for general use, which, when properly carried out, gives good results.

Many thousands of tablets of ascorbic and nicotinic acids have been prescribed to soldiers suffering from acute gingivitis to

Traveling dentist tours the Western Desert squadrons of the R.A.F. A queue of patients awaits their turn.

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fortify them against deficiency of accessory food factors. Chemotherapy and drugs of the sulphamide class, have also been used.

Simple gingivitis is treated by elimination of the cause, which may mean the removal of broken-down teeth, placing restorations in carious cavities, and scaling; and it is possible that the early recognition of gingival disease, as a result of the dental inspection of soldiers, and the inculcation of the principles of oral hygiene may be the means of lessening the development of periodontal disease.

As a general rule, it is not practicable to obtain the necessary frequency of attendance for the treatment of chronic cases of gingivitis, but when there is hypertrophy or hyperplasia it is usually possible to have the redundant tissue removed.

Oral Sequelae

From time to time oral manifestations of general disease are recognized by dental officers before their medical colleagues. Recently I saw a patient with a genuine case of scurvy (and such cases are not common). He had been in the hospital for some time before

appropriate treatment was commenced, under which improvement was rapid.

Treatment of oral or gingival manifestations of the various blood dyscrasias does not come within the province of dental officers, but the results of toxic doses of metallic preparations in patients, who are either allergic or intolerant, do present themselves and furnish tests of the dental officers alertness and clinical acumen.

It may fairly be said that, in the Army, the experience of dental officers has been that careful and thorough local treatment has given good results in most cases, but that unqualified success has not attended the sole use of synthetic vitamins. Their use, however, in conjunction with other methods has undoubtedly had brilliant successes, and the same applies to the results obtained by the local application of intravenous injection of arsenical and bismuth preparations for gum disorders.

We have found that the condition of the mouths of personnel in the cookhouse and arrangements for the cooking of food and the washing of dishes, bear some relationship to healthy dentition, and they receive attention.



YOUR STORY MAY WIN \$100

Write that story *today*.



If you are a dentist, a dental assistant, a dental hygienist or a patient—we want to know what you are thinking about.



Tell us how the war has changed your dental practice, what you are doing to promote the war effort, or what you think is going to happen to dentistry after the war.



If you have a human interest story about a dentist-hero, about a dentist who is doing something unusual outside of dentistry—a civic leader, an inventor, a radio or motion-picture star—write it down and send it along *today*.



A prize of \$100 will be presented each month for the best article accepted for publication in ORAL HYGIENE. All other manuscripts accepted will be paid for at the regular word rate.

It is important to remember that every article must have a dental angle. Specific articles will be given preference.



Here are a few rules to follow:

1. Do *not* write more than 1500 words.

2. Do *not* strive for a “literary” style. Write down your experiences or those of someone else in a simple, direct manner without padding or digressions

3. Your manuscripts should be typewritten, double-spaced, and sent with return postage.



Good pictures or drawings to illustrate your article will be welcome.



Your story may win the \$100 prize. Send it today to:

Edward J. Ryan, D.D.S.
Editor, ORAL HYGIENE
708 Church Street
Evanston, Illinois.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," John Milton

"DOWN WITH TOOTHBRUSHING," SAYS MEDICAL COLUMNIST

OLD DOC BRADY, the armchair health adviser, is at it again! This time Brady rants against toothbrushing. He doesn't believe in it and so he tells the people who are inflicted with his "health" column in the newspapers. Brady boasts that he hasn't brushed his own teeth in twenty years. I have never seen this fellow who is a physician but I can picture the condition of anyone so long unfamiliar with the toothbrush. There will be scum on the fangs, beef-red gingivitis, the antisocial buccal cacoscemia.

Brady makes the following offer:

"Just to show I am a good sport I'll line up alongside of any group of persons of about my age who have always brushed their teeth religiously, and if unprejudiced umpires find my mouth or teeth 'dirtier' or in any way inferior to the mouths and teeth of the others, I'll do ample penance and amend my teaching."

Why doesn't some dental society accept this bravado offer and invite Brady to appear for a dental examination before a board of nationally known dentists?

This physician says that toothbrushing is useless and unnecessary because, "As for mouth cleanliness, in most instances that depends to a considerable degree on the condition of the teeth, and one hundred million Americans have proved, at least to my satisfaction, that the condition of the teeth is not determined by brushing. It is becoming more

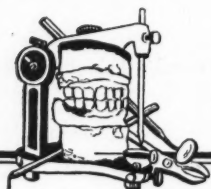
and more apparent that the condition of the teeth is determined chiefly by nutrition."

Yes, and probably the condition of other external and visible tissues, the skin, the nails, and the hair, is influenced by the nutritional state. So far as I know Brady hasn't suggested that bathing, shampooing the hair, and cleaning the nails, are a waste of time and energy. No one washes his ears or neck or hands or other parts as a specific preventive for disease. We use soap and water to make ourselves less objectionable to our own eyes and noses and to those of our neighbors. Cleanliness is a social responsibility. He who doesn't brush his teeth or wash his body presents a malodorous, filthy, antisocial hulk of protoplasm. And where did Brady ever get the idea he knows anything about one hundred million Americans? He'd have you think that he knew that many people personally and in the flesh—fetid if they follow his teachings.

There are many children and too many adults who are indifferent to personal hygiene. They will be delighted to have the "advice" of Brady to substantiate their own hygienic indifference.

Freedom of the press is a value to be preserved, but I wonder if we are not having too much freedom of expression when a fellow like Brady can express opinions that are actually harmful to the health of the Nation. It is one thing to present weird ideas on social and political subjects but something disastrous to suggest ideas contrary to accepted laws of hygiene. It is dangerous to sound off on matters that may be injurious to people's health, appearance, and comfort. I am not ready to suggest that censorship be invoked on old Doc Brady. That wouldn't be according to the Bill of Rights. It would be good, though, if Brady went into a long retirement sans soap, sans water, sans toothbrush, sans hygienic anything. It should be a hermitage; it would be wicked if anyone with good eyes or a sensitive nose were required to share his retirement.

Edward J. Ryan



Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

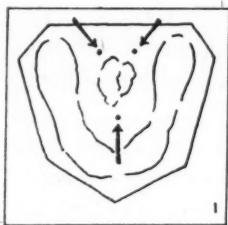
REMOVAL OF TORUS PALATINUS

By R. D. McCLAIN, D.D.S.

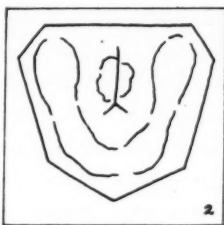
CAUTION: Torus palatinus should not be removed unless denture cannot be constructed otherwise.

DANGER: Because the tissue is thin and the blood supply poor, it is difficult to suture and heal the incision.

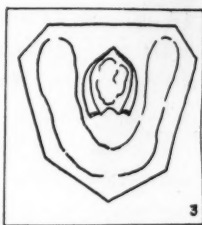
DANGER: Be careful throughout operation, for the palatal bone is thin, and a perforation into the nasal cavity may be made easily.



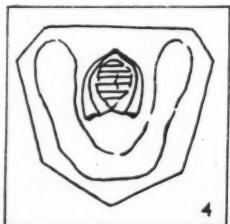
Anesthetize at the anterior and the two posterior palatine foramen.



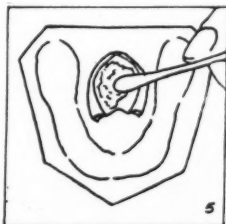
Make incision as shown to eliminate the possibility of tearing yet obtain good access to the torus.



Retract tissue as shown.



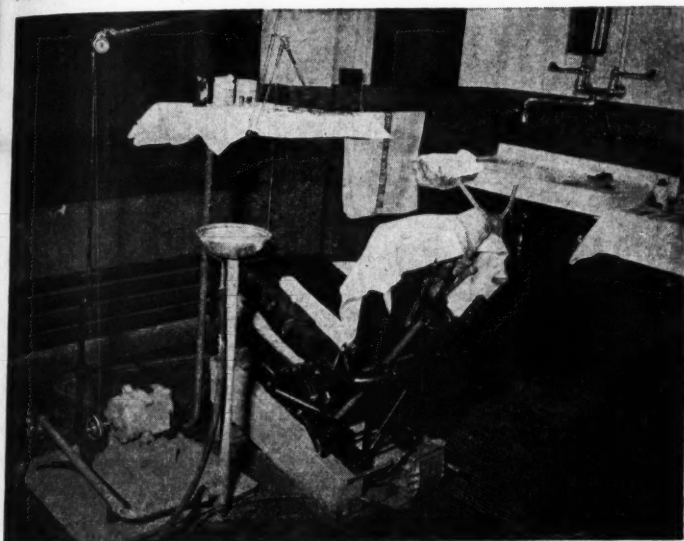
Groove bone the depth desired, and chip away a small portion at a time. Do not cut too deep or perforation will result.



After sufficient depth of bone has been removed, smooth with a bone file.

NOTE: The insertion of an immediate denture will facilitate healing if some relief is provided on palate of denture.

Replace the flap and suture. Sutures are not always necessary if tissue can be pressed back into proper relationship.



Official Photo U. S. Air Forces.

Improved Dental Chair in Clinic of ASAAF Station in Northern Ireland.

ARMY DENTIST DESIGNS CHAIR FROM BOMBER PARTS

THE "most modern Army dental chair in Northern Ireland" has been built from salvaged bomber parts according to a design made by Lieutenant Herman Ivanhoe, a former Brooklyn dentist.

This chair resembles those in use in dental offices in the United States. It is fitted with removable headrests requisitioned from a disassembled Marauder. The chair can be moved forward and backward, turned in a 360° arc, and like professional chairs, can be raised and lowered as the occasion demands.

When Lieutenant Ivanhoe arrived in Northern Ireland several months ago he was dissatisfied with the regular chair that was issued to him. He tried unsuccessfully to obtain a chair that would be more comfortable for his patients. Finally, he mentioned his problem to some of the ingenious officers and men stationed at his post. They suggested that the salvaged parts of planes might be used. With this in mind Lieutenant Ivanhoe drew up the plans and the men put the chair together.

For the men of the Air Force it is ideal because they feel as much at home as if they were in a Fort or a Marauder.



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Loss of Sensation

Q.—I should like to ask your help, in the following case:

Six weeks ago I removed the lower right and left cuspids and first bicuspids and placed an immediate full denture, for a woman of 45. The patient had previously worn a partial denture. The case was successful and required only two or three adjustments. After four weeks I rebased the denture.

After a week the patient came in complaining of numbness of the lip and chin, on the left side. Since then the numbness has extended to the upper left bicuspid region, and also the left side of the nose. I have relieved over the mental foramen and also relieved the bite, with no improvement. She reports that if she leaves the denture out overnight there is some improvement.—H. I. B., New York.

A.—I would suggest that you have this patient leave her denture out for a week to see if the numbness leaves entirely. If her face continues numb when the denture is left out for a considerable length of time it is fair to assume that this condition is the result of some form of paralysis for which the denture is not to blame. But if the sensation leaves completely when the denture is left out and returns after it has been worn for a time it is logical to assume that the denture is to blame.

The remedy I would suggest is to palpate with the tip of your finger until you locate mental for-

amen. You should be able to feel a depression in the bone and sense the pulse beat of the mental artery. You should also be able to cause a sensation of numbness or pain or both by heavy pressure with your finger tip at this spot. Mark this spot with an indelible pencil, transfer it to the denture, and relieve it liberally over an area a half-inch in diameter to make sure there is absolutely no pressure on the bruised and sensitized nerve trunk.—V. CLYDE SMEDLEY.

Immediate Dentures

Q.—I have just read your answer on immediate dentures published in ORAL HYGIENE; I think it is fine. You know we have two methods of taking impressions, one before extractions and the other immediately after the extractions are made. Will you advise your personal opinion on both of these methods?—J. N. R., Washington, D. C.

A.—In the making and insertion of immediate dentures I much prefer the method of making the impression and completing the denture before the anterior teeth are extracted. And I prefer to let only two or three weeks elapse after the extraction of posterior teeth before the denture is made and inserted, because I am convinced that nature is more likely to fill in the sockets of extracted teeth with the type of bone best

sued for the support of a denture when a denture is being worn while the bone is being formed.

I prefer either soft plaster or one of the hydrocolloids for the making of impressions for immediate dentures.—V. CLYDE SMEDLEY.

Fractured Teeth

Q.—Six months ago a patient came into the office with a healthy upper right second bicuspid split nearly in half. I extracted it as the pulp was exposed and painful. Today he came in with the identical tooth on the opposite side, upper left second bicuspid, virtually fractured in half. He had considerable pain, so I removed this tooth. What do you think the cause can be? Can we prevent this happening to other teeth in this patient's mouth? I will agree the right bicuspid was not replaced with a bridge and the left bicuspid was receiving extra stress during mastication. But why should a healthy tooth do this?

I have another patient who has a front tooth which is vital with a dark moon-shaped shadow in it. I suppose you call it a case of opalescent enamel. The patient is much concerned. Can you kindly recommend a treatment?—J. E. L., Massachusetts.

A.—Deep cusp teeth do sometimes split as have the two bicuspids you describe. The preventive remedy is to reduce the wedging action of occlusal force by judicious grinding of the in-locking cusps.

In cases of opalescent dentine not only does the whole tooth have a peculiar appearance but usually all the teeth in the mouth are affected.

Your case may be one of fluorosis although in cases of fluorosis most, if not all, the teeth whose enamel is being formed at the same time are similarly marked.

If the tooth in question has never been carious and the enamel has no hypoplastic areas nor has it suffered from trauma of any nature, I cannot think what might have caused the appearance of which you speak.—V. CLYDE SMEDLEY.

Trismus

Q.—I should appreciate your advice on a problem of mine.

A little over two weeks ago I gave a mandibular block for the extraction of a lower first molar of a man about fifty years old in good health. The injection and extraction were uneventful with the exception that during the injection it seemed as though I was going through muscle tissue. It was impossible to miss muscle as the area of the coronoid notch was quite fleshy and landmarks were difficult to locate.

Several days later the patient visited the office complaining of pain in the vicinity of the point of injection and slight swelling.

There is no pain on opening his mouth, which is restricted to about one-half of his normal opening, but there is great pain when he tries to bite down on food and he is uncomfortable every time he eats.

I have seen him several times and have advised a hot normal saline wash, thinking the trismus and pain would soon pass.

The extraction socket healing is normal but his pain upon eating continues. He is concerned as the pain upon eating is excessive.

Is it possible that I have injured one of the muscles so severely that it causes all this pain? I know that many times we have nicked a muscle in giving the mandibular block but a day or two after all trismus is gone. The temperature taken last was 98° so that would seem to indicate no infection.

Although I cannot demonstrate infection do you think it would be well to prescribe a course of one of the sulfa drugs just to play safe?—V. D. E., Illinois.

A.—We have had cases of tris-

mus, as I am sure everyone has who has done much extracting, following the removal of mandibular molar teeth. As in your case, it has not always been clear as to why the trismus occurred, except following the removal of impacted third molars when the tissues were necessarily traumatized.

The only way we can account for the pain under biting pressure is because the condyle is a little out of alignment because of the trismus and is, therefore, in an unnatural position when brought forcibly into the fossa.

In similar cases we have found hot epsom salt packs beneficial. In any event I think time will effect a cure and that the patient and you have nothing to worry about. As there seems to be no indication of an infective process at present, the sulfa drugs are not indicated.—GEORGE R. WARNER.

Inflamed Tissue

Q.—I have a patient about 55 and she has inflammation of the gums which causes a white blister, then turns red and is tender to touch. She has been to different physicians for treatment and they tell her she has a vitamin deficiency. Please give me some information as to what to do.—D. E. M., Louisiana.

A.—From your brief description it is difficult to identify the gum conditions from which your patient is suffering. I am sure you would recognize the common cancer sore. Your description paints a picture something like aphthous stomatitis. We have some cases of streptococcus stomatitis in which there is high inflammation accompanied by yellowish, ulcerated spots. This condition responds well

to the local application of sulfathiazole.

If your patient is suffering from a vitamin deficiency it may be Vitamin C. In any event an increase in Vitamin C foods or the use of ascorbic acid might be helpful.

If it is an aphthous stomatitis, a diet rich in Vitamin B is recommended. A mild, warm alkaline mouth wash should be used and the sores might be touched with an 8 per cent zinc chloride solution.—GEORGE R. WARNER.

Sinus Infection

Q.—Two years ago a patient had two devitalized teeth extracted that may have communicated with the maxillary sinus. They were the right upper second bicuspid and the right upper first molar. These were x-rayed prior to extraction as they were sore to touch and I am enclosing the roentgenograms.

He came to my office and I used a transilluminating light prior to placing a bridge. I advised him to check his sinus with an eye, ear, nose, and throat specialist which he did the same day and reported that the physician irrigated his sinus with warm distilled water and followed this with a weak permanganate solution. This was followed by bleeding through the nose and throat for several days after the needle was removed from the nasal wall. Several times since, he has had a clear discharge from that side of his nose and trouble breathing on alternate sides but it always starts on the side that was irrigated. When exposed to cold weather he gets a clouded discharge on that side when he blows his nose and can feel the effect in his ear drum at times. Even his throat seems to be dry on the right-side tonsillar area although no tonsils are present. His specialist has left for military service and the patient has again returned to me for routine dental checkup. He tells me his nose seems clogged intermittently during the week. The dis-

charge on blowing his nose is clear, and I told him he ought to consult another eye, ear, nose, and throat man. He said it is not that bad and he wished he never had it irrigated in the first place. My question is:

Can irrigation of the maxillary sinus through the nose do any harm or is this a case due to nasal polyps or an allergy?—M. S. L., Ohio.

A.—It is quite likely that the maxillary first molar was responsible for a sinus infection in your case and that washing the sinus through the nasal wall was indicated. It is possible that a permanent opening should have been made for the sinus membrane may have been so inflamed and thickened that simple washing was insufficient. Such a washing is a recognized procedure and ordinarily does no harm if the sinus is not too badly diseased.—**GEORGE R. WARNER.**

Irritated Tissue

Q.—A patient, a man about fifty-two, has worn an upper partial vulcanite denture for some years. The mucous membrane under the denture has always shown some irritation, a slight redness.

About two years ago a new acrylic resin partial denture was constructed for him. He is now wearing this new upper partial and a lower lingual bar partial, the saddles of which are vulcanite.

The areas under the upper partial and lower lingual bar saddle are irritated. The rest of his mouth and tongue feel irritated but look all right. The partials still fit well and apparently are otherwise comfortable. There is no history of Vincent's infection. He seems to be in good general health.

I have recommended a warm, mild mouthwash of alcohol and water several times a day and to leave the partials out as much as possible especially at night, so as to rest the tissues. As the upper partial supplies the two

centrals, it is essential that he wear it when in public.

Can you suggest any reason for this increased irritation and what else might be done for him?—W. M. J., Massachusetts.

A.—The most likely cause of the type of irritation of tissue under dentures that you describe is roughness of the tissue-bearing surfaces of the dentures or the patient's failure to keep them scrupulously clean, or both.

In a mouth so susceptible, the tissue-bearing surfaces should be brought to a high state of polish and should be kept so by thorough and frequent brushing.—**V. CLYDE SMEDLEY.**

Supernumerary Teeth

Q.—I am enclosing roentgenograms of what appear to be two supernumerary impacted bicuspid teeth, incompletely formed as yet, in the mouth of a 13-year-old boy. There are no symptoms at all, either subjective or objective. They were discovered during a routine checkup. Roentgenograms will be retaken to show properly the apexes of the teeth and the condition of the incompletely filled first molar.

I should appreciate your letting me know the proper procedure and prognosis in this case. Ultimately I believe these teeth will have to be removed. Should it be done now, what effect will they have upon the permanent teeth, and are they likely to develop into follicular cysts?

Your answer to these questions, and any other suggestions you may have will be greatly appreciated.—**M. G., New York.**

A.—According to Lucas¹ all imbedded and impacted teeth are sources of infection. This does not apply to incompletely formed teeth, so the impacted supernu-

¹Lucas, C. D.: Physiologic and Pathologic Status of Impacted and Unerupted Teeth, J.A.D.A. 22:276 (February) 1935.

merary bicuspid in the mandible of your 13-year-old boy would not yet come in the classification of foci of infection. However, it probably will be wise and perhaps necessary to remove these teeth eventually and, in any case, they can never be removed as easily as now.

If you are not accustomed to doing surgical operations you

would be wise to put him in the hands of one who limits his practice to oral surgery. If you want to do the operation yourself I will be glad to outline the proper procedure, as you request, or refer you to the best literature on the subject. The prognosis should be good if the operation is performed skillfully. — GEORGE R. WARNER.

A DENTIST FROM OLD AMSTERDAM COMES TO NEW AMSTERDAM

(Continued from page 941)

too wide. The public often is ahead! I believe this is a world-wide problem.

Up to now I have been comparing dentistry in America and in the Netherlands when my country was at peace. Now a war is going on, and after four years of occupation dentists of the Netherlands are fed up with German dentistry of which they never had a high opinion. A few months ago, the Minister of Education of the Netherlands Government invited me to draw up plans for postwar reconstruction in the field of dentistry. As a graduate of the University of Pennsylvania, I thought of inviting my former teachers to go to Utrecht after the war, and give courses there for periods of four weeks. I believe that such a "unit" could do splendid teamwork and that we could outline our plans much easier than by inviting men from different universities and different cities.

I certainly hope that this example of exchange will be followed by other schools and on behalf

of other countries. It even could be followed by medical men, engineers, chemists, for their professions, and for their respective countries.

The Netherlands-America Foundation, which was founded by Doctor Henry van Dyke and President Roosevelt, published an article a few weeks ago of which I would like to quote the following:

"Wide understanding among Americans of the mutual ideals and interests of the United States and the Kingdom of the Netherlands can have no small influence in postwar readjustment."

Dentistry will have to be readjusted in the Netherlands and in all parts of Europe when this war is over. In the beginning, it will be the American profession that will be in the position to take the lead in this reconstruction work. However, I am convinced, since we have mutual ideals and interests, that America in time will be recompensed.

689 Massachusetts Avenue
Cambridge, Massachusetts



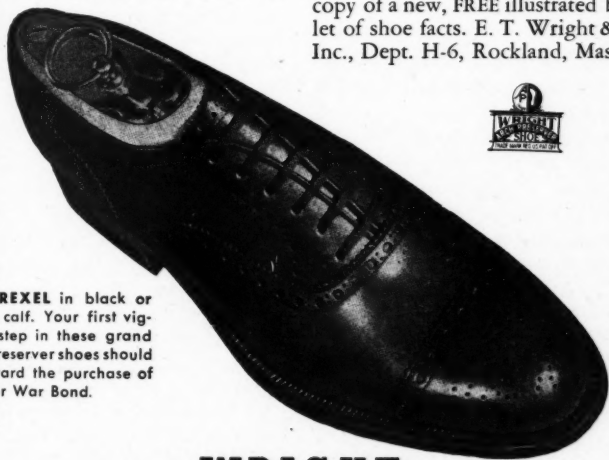
THE DENTIST must be comfortable, too

NO MATTER how crowded your waiting room, or how late in the day, each patient looks hopefully to you for calm, relaxed technique. And to give that, you've got to be comfortable from the feet up . . . which means, of course, from your shoes up.

That's why Wright Arch Preservers are so much favored by dentists, who know the nerve strain that results from pinched feet, abused bones and

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Yet, these unique shoes have all the fine looks and quality appeal your good taste demands. Step into a pair of Arch Preservers today. If you don't happen to know the address of the Wright Arch Preserver store near you, write us for the address, and for a copy of a new, FREE illustrated booklet of shoe facts. E. T. Wright & Co., Inc., Dept. H-6, Rockland, Mass.



The DREXEL in black or brown calf. Your first vigorous step in these grand Arch Preserver shoes should be toward the purchase of another War Bond.

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In Canada, for Men, Scott-McHale, London, Ont.



Laffodontia

Three dignified gentlemen entered a roadside bar and looking around cautiously, made their way to the bartender who straightened up and stood waiting for their orders.

"I'll have a coke," said the first.

The bartender looked at the second man.

"I'll take an orangeade," was his quiet and dignified order.

Disgust written on his ugly face, the bartender glared at the third.

"Just a glass of water for me," was the request. And then as an afterthought he added: "You see, I'm driving."



Suspicious Housewife (dashing into the kitchen): "Did I hear you kiss someone?"

Cook: "It wasn't much. The junk man just came in for a little oven."



"Doctor, are you sure this is pneumonia? Sometimes doctors prescribe for one thing and the patient dies from something else."

Doctor (with dignity): "When I prescribe for pneumonia, you die of pneumonia."



"False teeth are made by men like you But only God can make them chew."

Submitted by Doctor E. K. Clements, Faribault, Minnesota.

"Oh cut that distal down, doc
Cut that distal down,
With your distal-cutting whammy
Cut that distal down.

"Oh cut that distal down, doc,
Your distal wall is thin,
So trim your distal wall, doc,
Before your inlay's in."

Submitted by Doctor Bernard Bernstein, New York City.



Junior: "Yah, I saw you kiss my sister!"

Sister's Boy Friend (hurriedly):
"Ah-er-here's a quarter."

Junior: "And here's ten cents change. One price to all—that's the way I do business."



"Mother," said little Gretchen, with just a shade of apprehension in her voice, "the problem you helped me with last night was all wrong. But," she added consolingly, "don't feel bad; none of the other mothers got it right, either."



Two-year-old Tommie persisted in calling every meal "supper." His mother undertook to teach him the difference between the three daily repasts. One morning, when Tommie was duly seated in his high chair, eating cereal, she began, "Now, what meal is this, Tommie?"

The young man swallowed and replied, "Oatmeal."



"MY PET PATIENT," writes Dr. A. R. L., "is a nudger. I'm working in close when I get a left elbow to the ribs, a right elbow under the heart and the left again to the solar plexus. Ooof!

"But outside of his in-fighting, he's all right. When I began to tell him about the only dentifrice that contains sodium ricinoleate to peptize the adherent mucin and make it more readily removable with a brush, he said,

"Don't tell me—I remember—Detoxol!"



TOOTH POWDER · PASTE



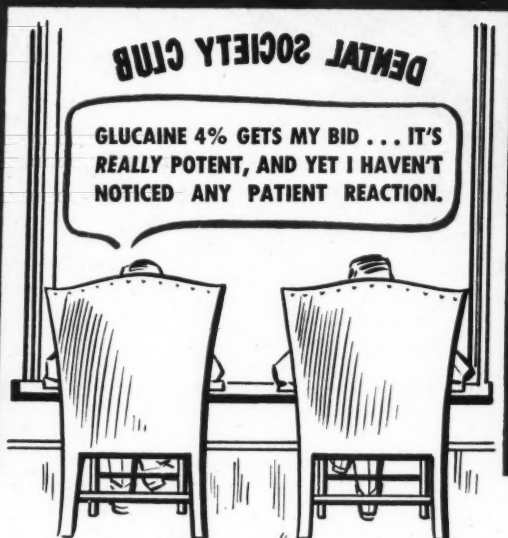
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GOOD DENTISTS GET TOGETHER



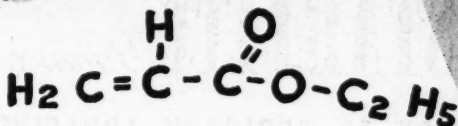
This dentist is one of many throughout the country who have discovered that where a 4% injection is indicated, Glucaine 4% does a better job. Besides assuring a truly profound anesthesia which is maintained throughout the operation, Glucaine 4%—like Glucaine 2%—is relatively mild because of its use of gluconic acid as the procaine vehicle. The low toxicity of neo-synephrine, the vaso-constrictor in Glucaine 4%, is also a contributing factor to the absence of patient reaction following the use of this more potent injection.

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UNLIKE all other acrylics offered for dental use, Kerr Crystolex is formulated with a definite proportion of ethyl acrylate, $\text{H}_2\text{C}=\overset{\text{H}}{\underset{|}{\text{C}}}-\overset{\text{O}}{\underset{||}{\text{C}}}-\text{O}-\text{C}_2\text{H}_5$

Polymerized with the methyl methacrylate base, $\text{CH}_3\overset{\text{O}}{\underset{||}{\text{C}}}-\text{O}-\text{CH}_3$, Kerr Crystolex thus becomes $\text{H}_2\text{C}=\overset{\text{CH}_3}{\underset{|}{\text{C}}}-\overset{\text{O}}{\underset{||}{\text{C}}}-\text{O}-\text{CH}_3$ really a co-polymer.

Actual chemical affinity of this co-polymer for liquid monomer explains the quick mixing properties of Kerr Crystolex, its more stable structure and its greater freedom from warpage and porosity.

Our folder "Only Kerr Adds" explains this and other differences between Kerr Crystolex and other acrylics. Ask for it.

KERR DENTAL MFG. CO., Established 1891 Detroit 8, Mich.

KERR *Crystolex*

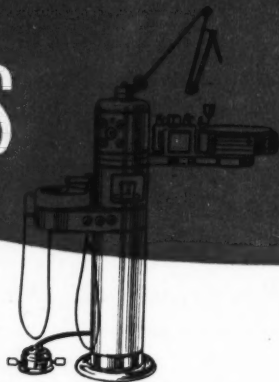
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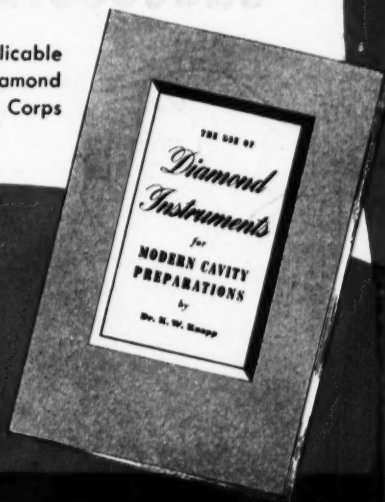


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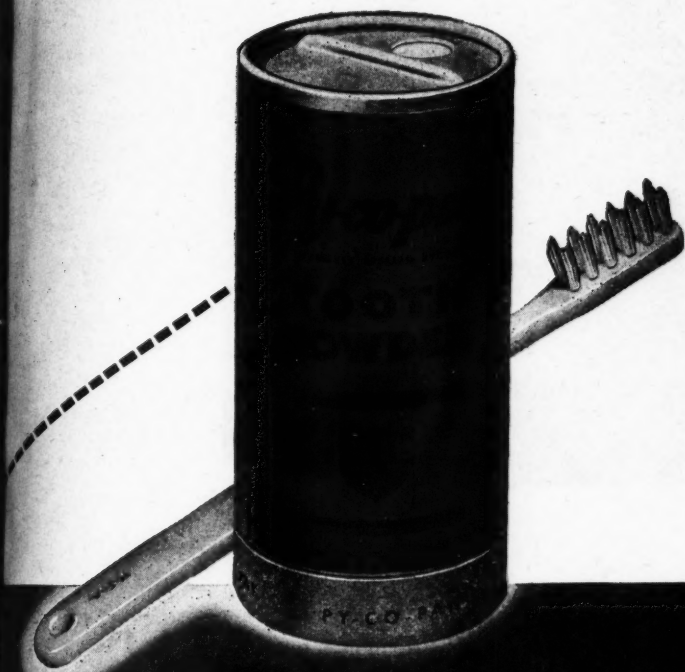
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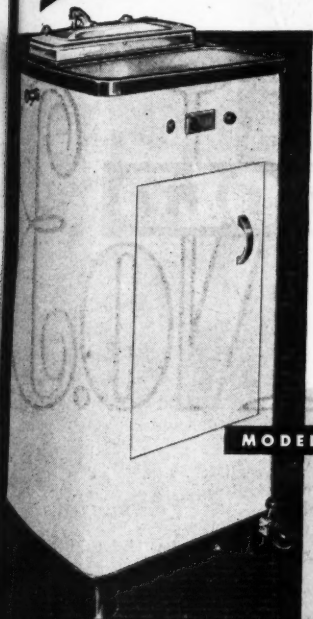
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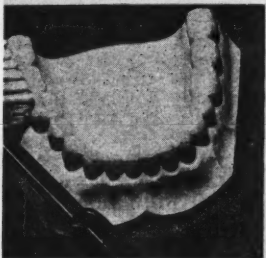
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The Squibb *Angle* Toothbrush is adaptable to all brushing techniques. Effective brushing with lips almost closed is possible with this brush—an obvious advantage because the facial muscles are then relaxed.

The head, shank and handle of the present Squibb *Angle* Toothbrush are now made entirely of plastic (six colors to choose from); the bristles are of long-lasting, water-resisting synthetic “Synton”* (two degrees of flexibility—medium and hard). We invite the dentist to use the Squibb *Angle* Toothbrush for brushing his own teeth . . . and know he will have no hesitancy in recommending it to his patients.

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QUALITY IN MATERIALS TO MATCH EXCELLENCE IN DESIGN



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PARTIAL DENTURE

GOLDS

This restoration is for a broken mandible case which had been allowed to heal with the right and left sides of the jaw offset so that the occlusal plane of the remaining teeth on the left is relatively much higher than that of the teeth on the right. The left second bicuspid is tilted excessively toward the lingual and slightly toward the distal, while the right bicuspids are tilted buccally and mesially. The case is complicated further by the extreme lingual tilt of the right molar.

● Survey of the model showed undercuts on the distal and lingual of the left second bicuspid, the

buccal of the right second bicuspid, and the lingual of the right molar. Any tilting of the model would not improve the position of these undercuts because a tilt in one direction to decrease the amount of undercut on one tooth would merely increase the undercut on some other abutment. Consequently, this proved to be one of those relatively rare cases that are best designed on the level occlusal plane.

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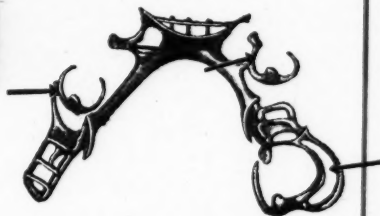
Bracing

The case is braced against lateral movement to the right by the buccal truss arm on the left second bicuspid and the lingual truss arm on the right second bicuspid, and against movement to the left by the rigid buccal portion of the Ring Clasp on the right molar and the lingual strut and strap on the left cuspid.



Support

The restoration is supported on the teeth by six occlusal rests, two on the molar and one each on the distal of the right first and second bicuspids, the mesial of the left bicuspid and the distal of the left second bicuspid.



Retention

The Back-Action Clasp on the left second bicuspid is attached to the gold frame by an arm extended from the saddle to the buccal arm of the clasp (there being no undercut on this side of the tooth), while the distal and lingual portions of the clasp engage undercuts. On the right second bicuspid the Back-Action Clasp is attached to the non-undercut lingual side of the tooth and engages the buccal undercut. A Ring Clasp engages the lingual undercut of the molar abutment.



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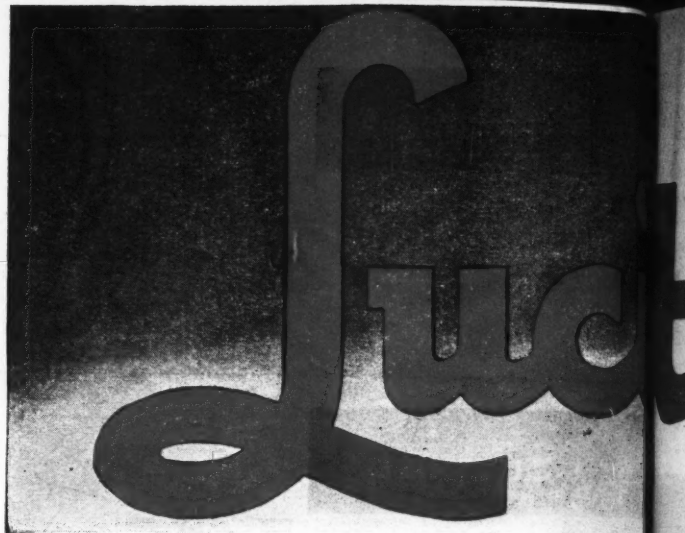


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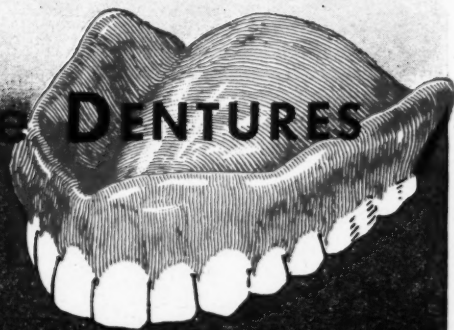
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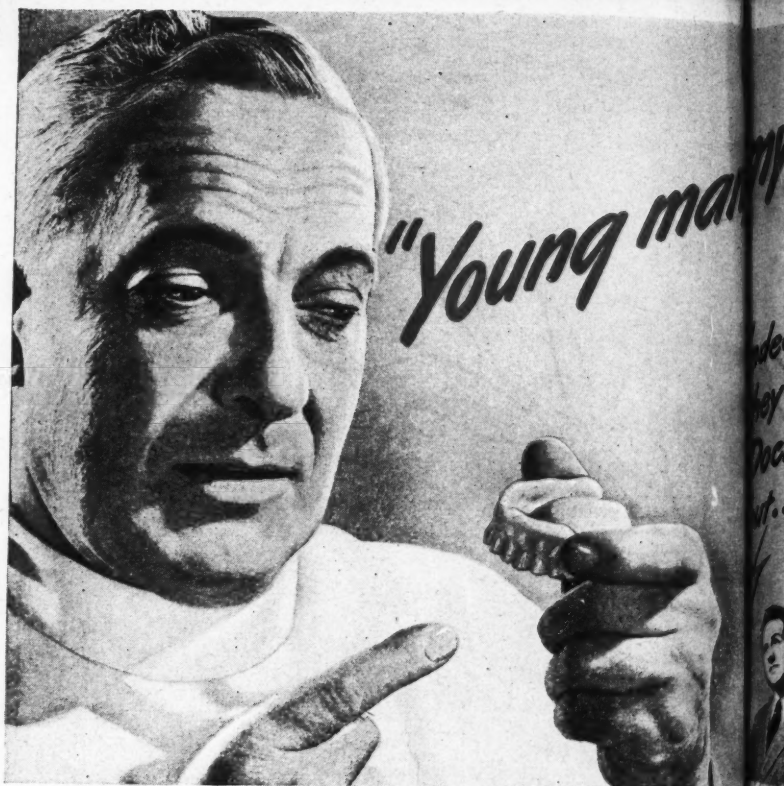
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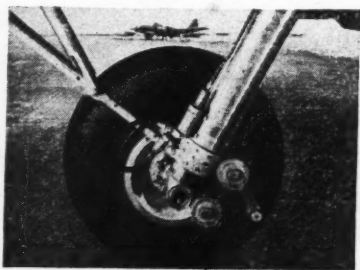
assure consistent performance
in the casting, and the finished restoration.

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In much the same way as the shock absorber on a Flying Fortress *accepts, absorbs and dissipates* the landing shock, so Dr. Wernet's Powder supplies a soft, protective, resilient cushion. It *accepts, absorbs and dissipates the shock* of the excess bite, preventing injury to the ridge or tissues. Patients' confidence is developed through comfort—the trying period of adaptation is lessened.

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Prophecy...

Research has established that "family characteristics" of teeth persist through generations and are closely governed by the Laws of Heredity.

You can predict with reasonable accuracy the adult tooth characteristics of this infant, based on observed tooth traits of the parents, grandparents, brothers or sisters.

Where there is no record for guidance in the selection and alignment of teeth for the edentulous patient, it is sound practice to examine the dentition of a near blood-relative.

Inherited anatomical characteristics and colors of teeth will be

disclosed by such examination. This procedure also affords a valuable clue to tooth arrangement.

Five-Phase Anteriors provide the only means by which the natural characteristics of the patient's teeth may be reproduced in artificial dentures.



FIVE-PHASE

A N T E R I O R S

UNIVERSAL DENTAL COMPANY
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PLASTOGUM

Easy to mix and handle

Assures finest detail

Accurate muscle trimming

*Accurate recording of
periphery*

*Does not crumble or soften
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Is pleasantly flavored

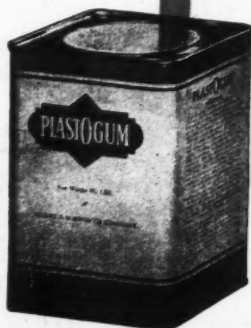
*Superior to plaster for cor-
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wash impressions*

For *exact* registration of the finest detail in full denture work, use Plastogum—the *easy-to-use* impression material. Plastogum is highly accurate. It is unequalled for recording the periphery and muscle trimming. It is far superior to plaster for corrective or wash impressions.

Once you have taken an impression with Plastogum you will always keep a can on hand for immediate use. Why? Because it is simple to mix and handle. It won't crumble or soften from absorption. It's economical and that is *important* these days.

Patients like its pleasant flavor—the quick, easy way you take impressions without discomfort to them. We're so sure you'll find Plastogum indispensable in your practice we'll gladly send you a **FREE** sample. Write today.



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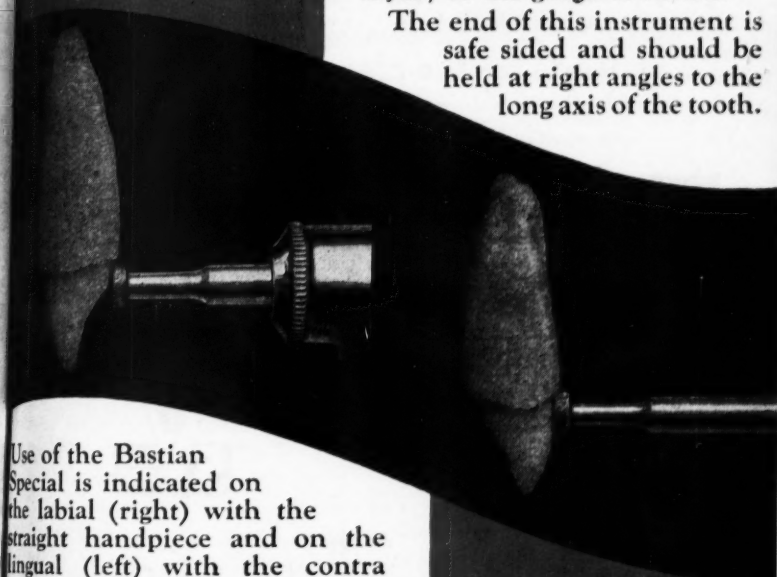
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**DIAMOND DENTAL
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A diamond instrument designed by Doctor Carlisle C. Bastian, of New York City, to carry a partly prepared shoulder beneath the free margin of the gum. Cuts rapidly and smoothly without injury to the gingival tissues.

The end of this instrument is safe sided and should be held at right angles to the long axis of the tooth.



Use of the Bastian Special is indicated on the labial (right) with the straight handpiece and on the lingual (left) with the contra angle handpiece.

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and are not harsh to the patient's
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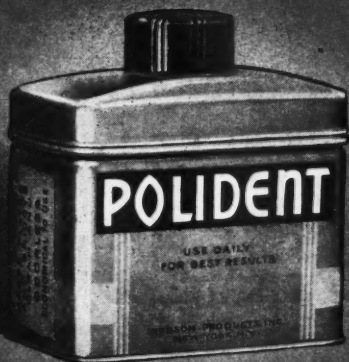
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BY BEING DROPPED AND
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DOCTOR, IT WAS
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THIS DAILY POLIDENT
BATH. WHY I DON'T LOOK
A DAY OLDER THAN
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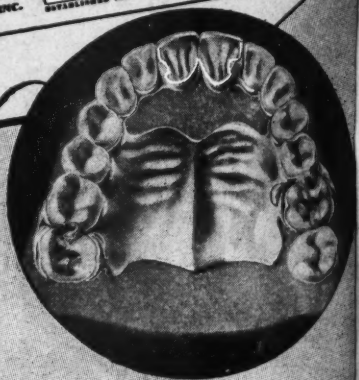
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Mi 31 SOLUTION is the pleasant tasting oral antiseptic that kills contacted germs faster, when used full strength (as directed) without harming the delicate tissues of the mouth. Used as an antiseptic solution, following extraction, its cleansing and stimulating effects promote normal healing.

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BURTON'S U-VILAIRE

EXPLOITING 2537A Ultra-Violet FOR THE DESTRUCTION OF
ALL OF THE BACTERIA AND CROSS INFECTION OF THE ORAL CAVITY



The correct application of the 2537A ultra-violet—as demonstrated in BURTON'S U-VILAIRE—has proven to be the chemically effective way to reduce the number of all home pathogenic bacteria.

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Sulfathiazole
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CHEWING one tablet of White's Sulfathiazole Gum produces a high and sustained *salivary concentration* of *locally active* sulfathiazole, throughout the entire oral area, averaging 70 mg. per cent during a full hour's chewing.

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FOR THE MORE EFFECTIVE LOCAL SULFONAMIDE TREATMENT OF ORAL INFECTIONS

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Indications: In prevention and treatment of local sulfonamide-susceptible infections that are primary or secondary to oral surgical procedure.

Vincent's Angina: In a number of carefully controlled cases, Vincent's Angina healed within 48-72 hours after treatment with Sulfathiazole Gum.

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MEN AGAINST PAIN

FROM



"A new era in tooth pulling"

Thus exclaimed Dr. Horace Wells when he awoke from the effects of nitrous oxide, administered to him, at his own request, by his associate Dr. John Riggs. A molar tooth was removed painlessly from his mouth. The date was December 11, 1844; the place Dr. Wells' office in Hartford.

The previous night, Dr. Wells had attended a demonstration by a Dr. Colton, where the hilarious effects of nitrous oxide were shown. One of those who had inhaled the gas ran through the aisles, while under its influence,

down next to Dr. Wells. The doctor, whose perceptive mind was always on the alert for something that would alleviate suffering during extractions, observed that while the man's shin was injured and bleeding, he was entirely unconscious of any pain.

Thus the credit for the discovery of anesthesia by inhalation belongs to Dr. Horace Wells. Others may have improved on the agents or the methods, but of all the men who have fought Against Pain, Dr. Wells, a dentist, is the most eminent.

Dentistry may well be proud of its part in the miracle of anesthesia and the blessing it has bestowed on humanity.

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SPAIN . . .

FROM *Horace Wells*



1818-1848

to **MONOCAINE**

A dentist, Horace Wells, introduced anesthesia in 1844. We are proud of the fact that from dentistry, too, came Monocaine, almost a century later.

* * *

It was the year 1911. Cocaine was the local anesthetic commonly used. Toxic manifestations—even death—were frequent occurrences at the chair.

Such were the existing conditions when the founder of the Novocol Chemical Mfg. Co., Inc. conceived the idea of making local anesthesia what it was intended to be—a safe procedure to make dentistry painless during and after the operation.

Not satisfied with the available anesthetics, our chemists developed Monocaine in 1937, a distinct forward step in the field of anesthesia since the introduction of Novocaine in 1905.

Is Monocaine better than procaine? The dental profession answers this question by their choice. More than 95% of all Novol users prefer Monocaine to procaine. They base their choice on their own findings at the chair.

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For 25 years thousands of Dentists
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broken down teeth and prevent-
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SETS HARD IN 4 TO 7
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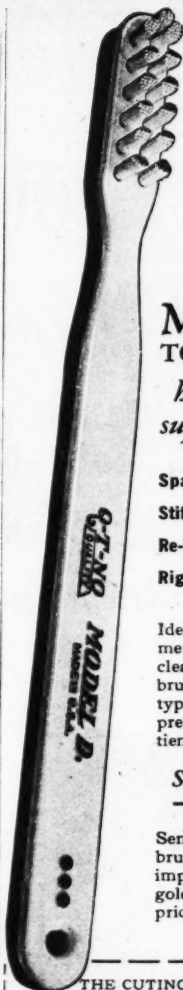
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Stiff, Quick-Drying Bristles
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Ideally suited to approved
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DON'T YOU AGREE DOCTOR...

**Patients should avoid
these grooves in cementum
and dentin if they possibly can?**



This is not decay... but a cleavage groove, lateral groove in the cementum and dentin... at a point where the calcified parts of the tooth are exposed by receding gingivae.

HAVE YOU CONSIDERED THIS APPROACH TO THE PROBLEM?

According to recent clinical and laboratory studies, many patients suffer damage to the teeth . . . damage which is neither decay—nor erosion.

Results of these studies seem to indicate that daily use of abrasive dentifrices—

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The booklet summarizes recent clinical and laboratory studies that seem to indicate the cause of this trouble . . . and points to a new technique that may avoid such damage. Generous samples of TEEL, the non-abrasive liquid dentifrice, are provided for your own experimentation and use.

Simply fill in the coupon and mail.

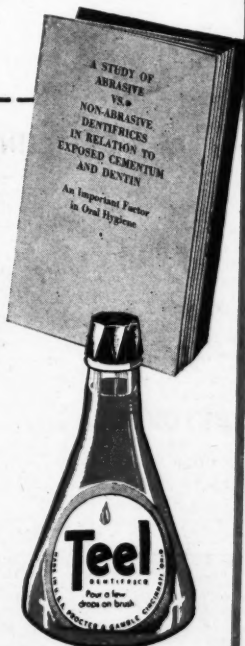
PROCTER & GAMBLE, Dept. of Dental Relations, Divisions 1011A, Cincinnati (2), Ohio
Gentlemen:

Please send me free and postpaid professional samples of TEEL and a copy of the booklet, "A Study of Abrasives vs. Non-Abrasive Dentifrices in Relation to Exposed Cementum and Dentin." I understand this incurs no obligation of any kind on my part.

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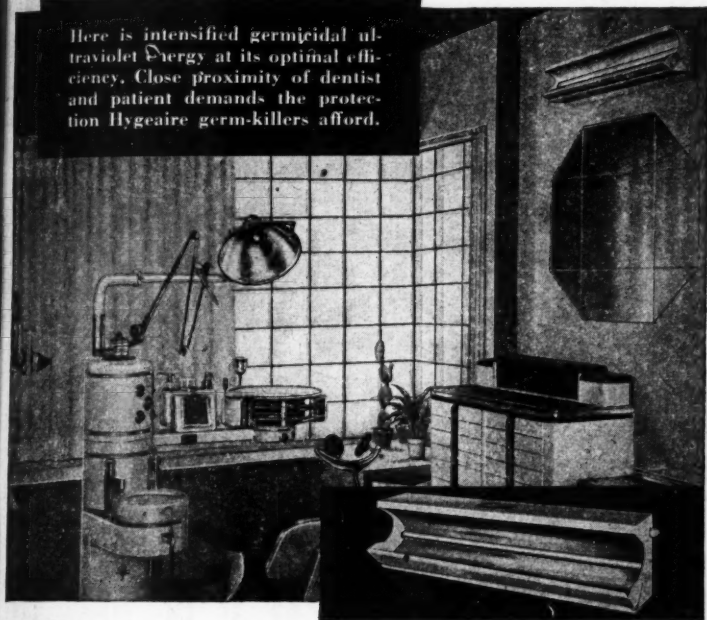
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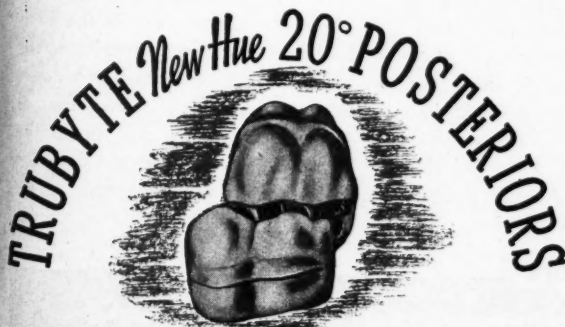
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RORER



The dentist administering a local anesthetic must be able to do so with confidence that the only variable in his procedure is the patient. In the use of Procaine Hydrochloride, William H. Rorer, Inc., offers you this assurance. For many years the name of Rorer has enjoyed the confidence of the dental profession for the exacting controls

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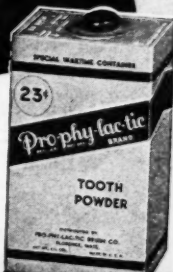
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We sell Pro-phy-lac-tic Tooth Brushes, month in and month out. Right now we are singing praises of

Pro-phy-lac-tic Tooth Powder

Here's a top quality dentifrice which does a grand job of helping the tooth brush do its important prophylaxis work. Polishes without undue abrasion. Unusually pleasant tang. Exceptionally economical. Pro-phy-lac-tic Brush Co., Florence, Mass.



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COUNTER-IRRITATION

Counter-irritation stimulates capillary activity, allowing the blood to flow more freely through the congested tissues, thus relieving pain, accelerating reparative processes, increasing local nutrition and producing better end results.

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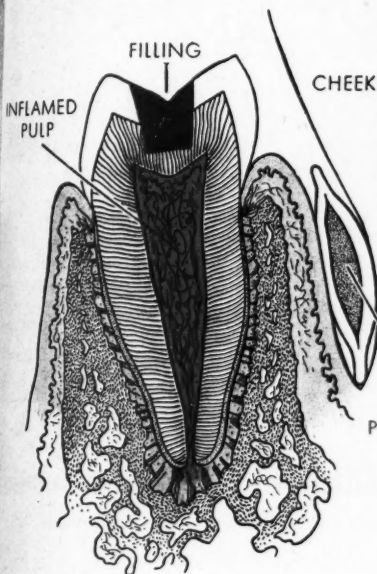
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U. S. Dispensatory: "Capsicum, the dried fruit of *Capsicum Frutescens*... is a powerful stimulant and counter-irritant. It differs from other local irritants in that there is practically no reddening of the skin... does not cause blistering."

Other ingredients: Aconite Napellus, Hops, Sassafras, Hydroxyquinoline Sulfate.

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The counter-irritating action of Poloris Poultrice on the sensory nerve endings in the gum tissue stimulates capillary activity and causes a relaxation of the congestive hyperemia in the dental pulp.

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 DENTAL COUNTER-IRRITANT

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PAIN IS A NEEDLESS LIABILITY

Every day, more and more people needing dental care discover that pain is no longer a necessary evil. They learn that a safe, local anesthetic gives them *freedom from pain*.

BANISH PAIN . . . MAKE YOUR WORK EASIER . . . BUILD PATIENTS' CONFIDENCE — your most priceless asset — with the use of

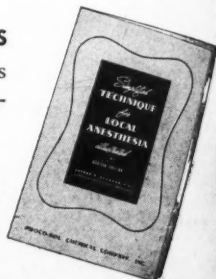
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Scientifically compounded under the most aseptic conditions. . . . Providing potency with safety. . . . Involving minimum toxicity. . . . For every dental use where a local anesthetic is indicated.



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no longer
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from pain.

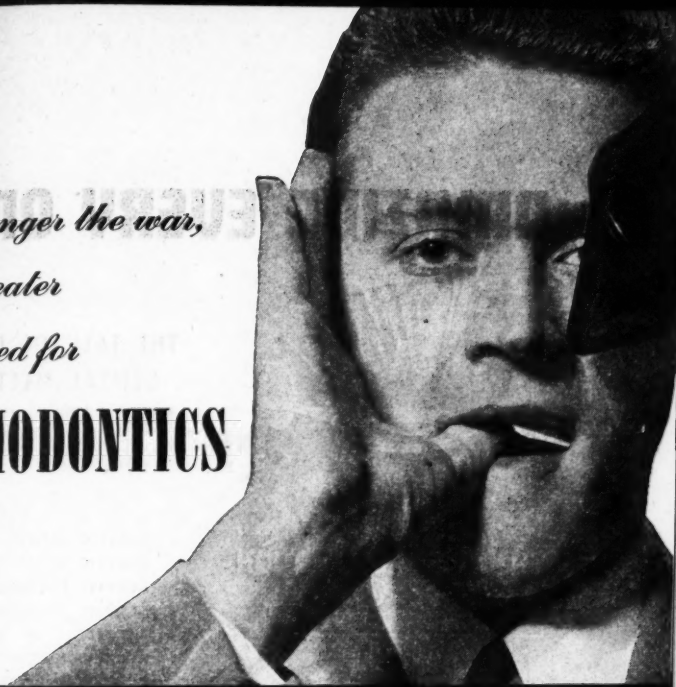
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GUARDING your war-worker patients' dental health with the aid of the complete radiodontic examination, you strike an effective blow at absenteeism and aid the war effort. You also maintain high diagnostic and corrective standards. And you save your own time.

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Because . . .

IT TAKES ONLY A FEW
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- ★ ACRYLIC INLAYS
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 - ★ ACRYLIC FACINGS
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- and for many other purposes.

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**A THERMO-PLASTIC ACRYLIC GEL THAT BECOMES
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SPECIAL INTRODUCTORY KIT . . . \$3.75

. . . for a limited time only

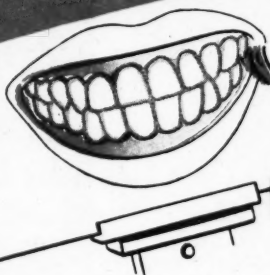
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IN THE POPULAR SHADES 63, 65, and 67
COMPLETE WITH SIMPLIFIED INSTRUCTIONS

ALSO AVAILABLE IN ½ OZ. SIZE JARS
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SO YOUR PATIENT LACKS GINGIVAL TONE



More prevalent even than caries, diseases of the soft tissues of the oral cavity are characterized by "an invariable tendency to spread", with unfortunate sequelae. Which is why, when local resistance is weakened, every possible effort is made to stimulate a healthy reaction in the gingivae, to discourage bacterial invasion.

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The use of a masticatory of adequate size and firmness (yet free from irritant qualities) is essential for effective gingival massage. That is why many dentists always recommend Dentyne gum for this purpose.



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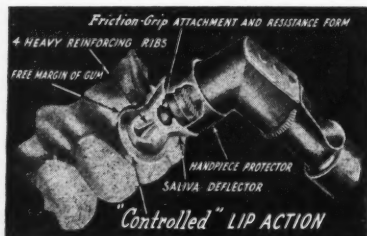


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Use slow speed for abrasive action; high speed for cleansing . . . but be sure to specify

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Mfrs. of The Denticator, Gum Massager

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you waiting. ★ Fast, uniform, positive in both developing and fixing speeds. ★ No need to mix more than you can conveniently use.

Put those labor saving quality Solutions to work in your dark-room today. Call—or write your regular supplier.

URELL CONCENTRATED LIQUID DEVELOPER	URELL CONCENTRATED LIQUID FIXER
1 QUART CONCENTRATE \$.95	1 QUART CONCENTRATE \$.75
(makes one gallon)	(makes one gallon)
4 QUARTS CONCENTRATE 3.15	4 QUARTS CONCENTRATE 2.50
(makes four gallons)	(makes four gallons)



Urell Inc.

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TOOTH POWDER IS
KNOWN TO DENTISTS
EVERYWHERE AS
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melting plus the addition of Indium—
both patented in Dentistry by Wil-
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ESTABLISHED ST. LOUIS, MO.
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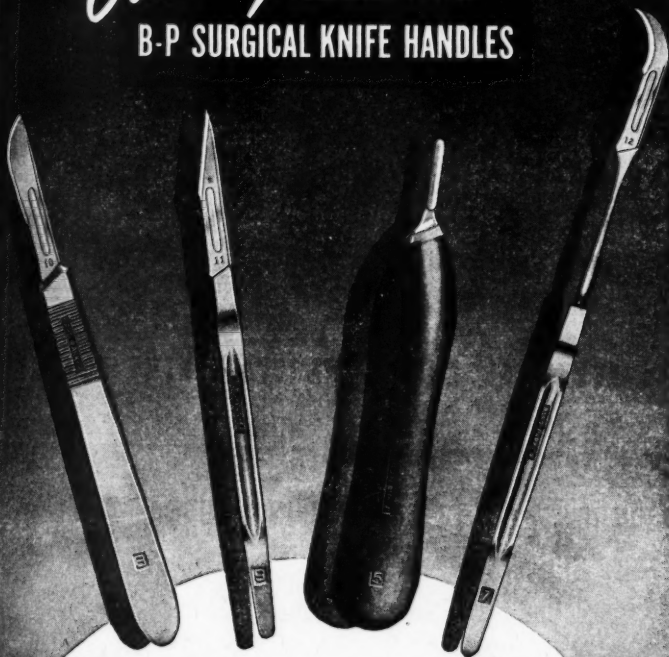
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B-P SURGICAL KNIFE HANDLES



IN MANY RESPECTS the inherently superior qualities built into every Bard-Parker Knife Handle are as important to the surgeon as the comparable qualities which have established Rib-Back Blades as the finest cutting edges obtainable.

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when mixed with water sets to form a highly elastic gel. GELASTIC is so perfectly formulated that it embodies all of the properties so essential for accurate reproduction of severe undercuts.

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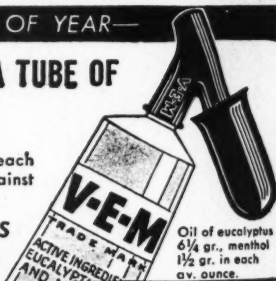
GOOD TO REMEMBER ANY TIME OF YEAR—

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Soothing, cooling nasal lubricant. A "spot" in each nostril helps protect accessible nasal membranes against irritation by

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MAKES A LASTING *Impression*

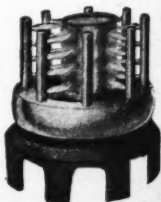
For faster, precision impressions, use clinically-proven **TRULOID**. Finer textured, this hydrocolloid is free from irritating fibers that frequently mar the precise details of impressions . . . will not crack, break or distort when pulled away from difficult undercuts. Workable at comfortable temperature.

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Reversible..Hydrocolloid
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TORIT WAX ELIMINATORS

These heaters produce excellent results, eliminating wax and moisture from inlay investments. The investment is evenly heated from all sides, with no danger of warpage or contortion of the mold. Any particular technic may be followed—the TORIT simply supplies the heat. It develops about 1400 degrees F, and complete elimination can be accomplished in about 10 minutes. If a slower process is preferred the heat may be reduced. No compressed air is required. Simply connect to the fuel gas, light, and it is put to work. For complete information write:

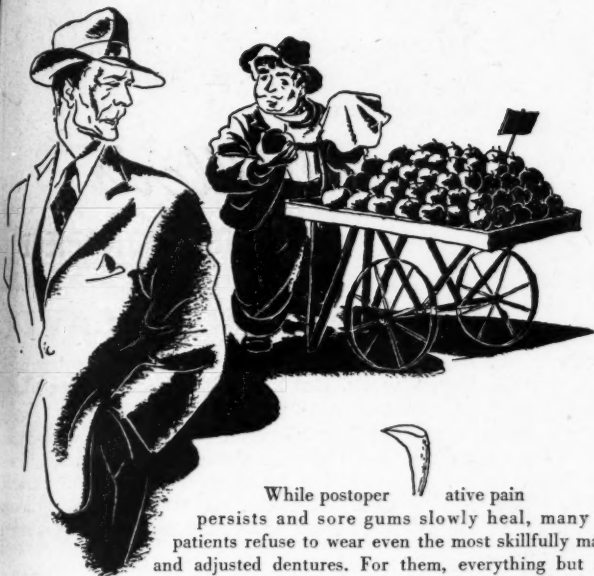


TORIT MANUFACTURING CO.

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Forbidden Fruit

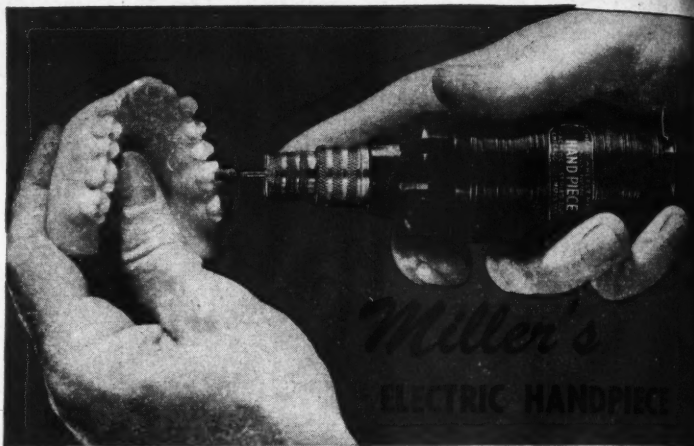


While postoperative pain persists and sore gums slowly heal, many patients refuse to wear even the most skillfully made and adjusted dentures. For them, everything but soups and soft cereals is "forbidden fruit"—and forsaken. • *How unnecessary!* . . . Especially, since the pain of the "breaking in" period can now be alleviated *quickly, inexpensively, to the patients' complete satisfaction* merely by employing and prescribing Butyn-Metaphen Dental Ointment. • This dependable, safe agent combines the relatively prolonged anesthetic action of Butyn 4% with the antiseptic properties of Metaphen 1:1500. • Since it is neither irritating to the tissues nor unpleasant to the taste, patients welcome its use for the treatment of pain from extraction, "dry sockets," and as an anodyne dressing following scaling or the treatment of pyorrhea pockets. • Butyn Metaphen Dental Ointment is now available through pharmacies in 1-ounce collapsible tubes equipped with special nozzles for office use, and in the new ¼-ounce tubes which patients may conveniently use at home. ABBOTT

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REG. U. S. PAT. OFF.



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A Miller's saves your dental handpiece for oral work, also replaces the slow, tiresome methods of lathe, engine and hand tools. Does faster, smoother grinding and polishing of metals, porcelain, amalgam, zinc, alloys, gold, vulcanite, stone, etc. Weighs only 12 oz. Portable, plugs in any socket. Speed 25,000 r.p.m. With 6 assorted points, \$18.50.

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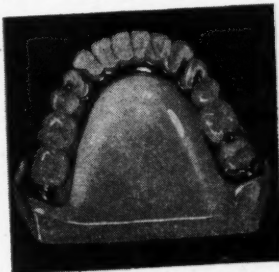
OPALOID Impression Shows No Dimensional Change

ASTOUNDING PERFORMANCE NOT DUPLICATED
IN ANY OTHER MATERIAL

Before leaving for the Chicago Mid-Winter Meeting on February 19th, Opalex research supervisor took an OPALOID impression of model shown at bottom of illustration. Six days later, upon his return, a cast was poured. The resulting model showed no dimensional change, whatsoever, the partial snapping right into place.

PROOF THAT OPALOID ELASTIC IMPRESSION POWDER IS AS DIFFERENT FROM ORDINARY ALGINATE MATERIALS AS THEY WERE FROM THEIR FORERUNNERS.

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ELASTIC IMPRESSION
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A QUALITY PRODUCT CO.
THE OPALEX CO. • KANSAS CITY, MO.

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ASK YOUR DEALER ABOUT
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SEND 25c IN STAMPS OR COIN TO COVER COST
OF HANDLING AND MAILING AND WE WILL
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DENTISTS

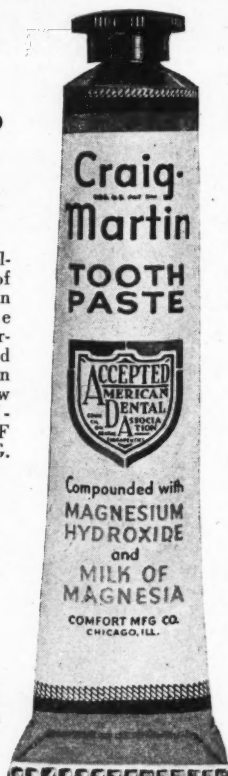
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10c Large
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Send Samples of Craig-Martin Tooth Paste to:—
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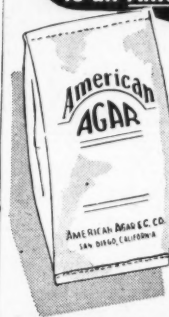
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*The Invasion Front * The Inflation Front*
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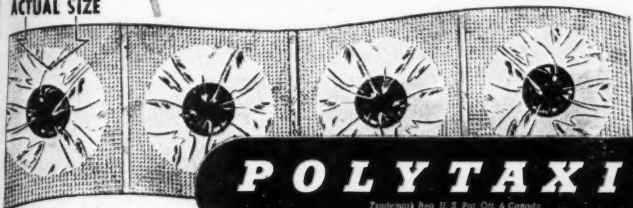
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Patients with localized symptoms in the mouth which reflect a general, metabolic disturbance often have a history of defective dietary intake. In such instances the indication is to prescribe a vitamin preparation containing adequate amounts of the essential nutritive factors in each dosage unit.

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Polytaxin capsules are so small that they are easily swallowed by both children and fastidious adults.

ACTUAL SIZE



POLYTAXIN

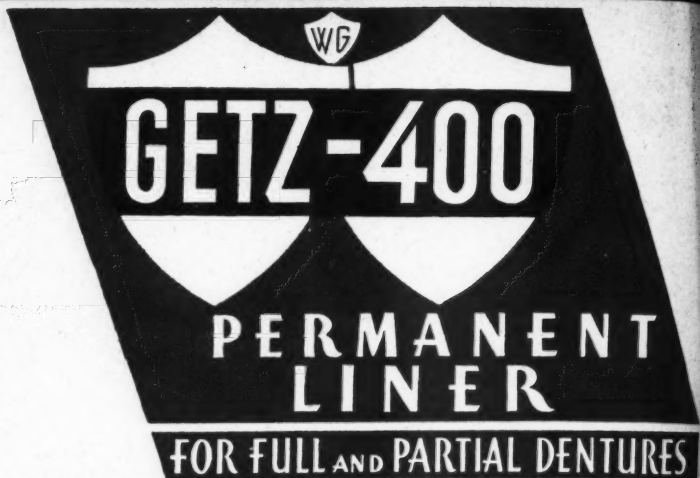
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GETZ-400

PERMANENT LINER

FOR FULL AND PARTIAL DENTURES

THE KNOWN AND ACCEPTED PRODUCT OF A MANUFACTURER
WITH 22 YEARS EXPERIENCE IN THE DENTAL FIELD

**Simplified
Streamlined
Technique**

**No Cellophane
Required**

**No Denture
Treatment**

**Only a Few
Minutes
Chair Time**

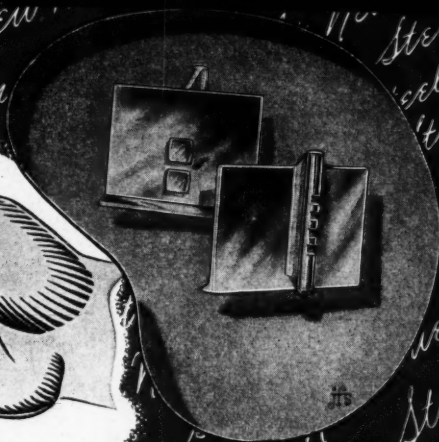
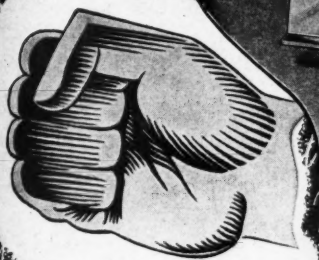
**Low Cost . . .
About 40c
per Liner**

- ★ Ready for use from the tube . . . no processing, no mixing.
- ★ No solvent treatment of the denture . . . it need only be clean and dry.
- ★ So mild that use of cellophane is unnecessary.
- ★ Simple as taking a plaster wash.
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- ★ \$8.00 per tube; usually enough for 20 dentures.

Order from your Dealer or write direct.

PROTECTED BY A MONEY-BACK GUARANTEE
for performance and economy . . . and for permanence
to equal the life of the denture.

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IMPARTS STRENGTH.... TO STEELE'S NEW HUE FACINGS.

The radically new principle involved in the design of STEELE'S NEW HUE FACINGS makes it necessary to use only STEELE'S NEW HUE BACKINGS. STEELE'S NEW HUE BACKING has a scientifically engineered stress equalizing shoulder that provides rigid support for the facing. It has a controlled clearance which provides space for the cement. There can be no binding with a STEELE'S NEW HUE FACING.

May we send you a copy of the simple technique developed for STEELE'S NEW HUE FACINGS AND BACKINGS. Your name and address on a penny post-card will quickly bring you this information.

... FOR BEST RESULTS WITH
STEELE'S NEW HUE FACINGS
WE RECOMMEND ...

Do not grind the incisal shoulder of the facing or backing. Use STEELE'S NEW HUE BACKINGS. Solder or cast to these backings. They are precious metal and fuse at 2300 F. Follow the technique prescribed for cementation. Carefully adjust and balance the bite.

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Steele's

NEW HUE FACINGS
for all anterior
restorations

COLUMBUS DENTAL MANUFACTURING CO.
COLUMBUS 6, OHIO



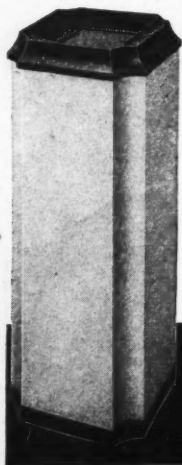
The DENTAL *Sanette*



can be an
ASSET
to Your
Practice



Designed in keeping with the fine professional equipment in your dental suite. Models for operating room, laboratory, powder room, reception room and office.



Model T-30 (illustrated) is 25" high and 9" square; in all the wanted finishes. Send us your dealer's name.

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Buffalo 4, N. Y.

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DISTINCTIVE
LARGE
CAPACITY**

Crescent



This Wonder Electric Mortar and Pestle assures uniform results . . . Its mix is a smooth fine texture always the same. The Wig-l-bug eliminates human error, unnecessary waste of alloy and mercury. It standardizes technic and not only makes better fillings but makes them faster . . . Only 7 to 10 seconds are required to triturate enough amalgam for an ordinary size filling with the Wig-l-bug and your favorite alloy. Get complete information about this extremely helpful Crescent device without obligation. Write today.



Model No. 3A

Through your dealer or direct

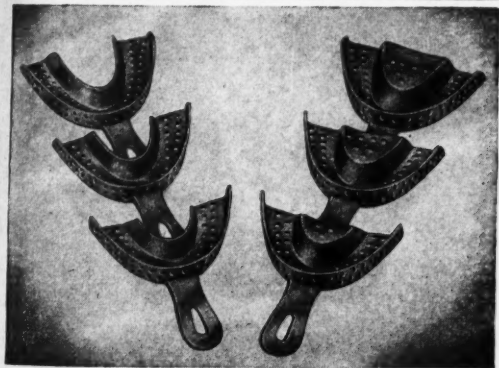
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1839 S. Crawford Ave., CHICAGO

Avoid splashing

Has such an instance confronted YOU? Crescent Webbed Polishers definitely retain abrading fluids. They provide rapid ease of cleansing action and avoidance of "unforseen spray baths." This Web retention assures a greater, more effective polishing surface. The Polisher cap automatically conforms to contours of teeth . . . is strong and pliable, powerful, smooth and gentle. For real efficiency use Crescent Webbed Polishers.



CRESCENT DENTAL MFG. CO.,
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UBECO Perforated METAL

Impression Trays

\$2 per Tray

Set of 6—\$10

3 Sizes of Uppers

3 Sizes of Lower

ELASTEX POWDER for Elastic Partial Impressions

Follow directions given with each box of material for excellent results. Impressions should be left in cold water half hour before pouring.

\$3.50 per Box of 12 Units with Measuring Cup

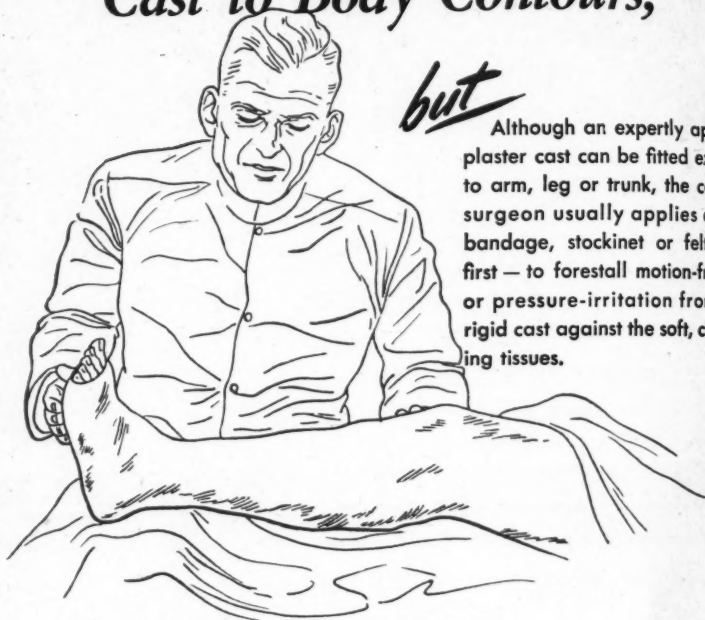
Sold by Reliable Dealers Everywhere. Manufactured by

UNION BROACH CO., INC.

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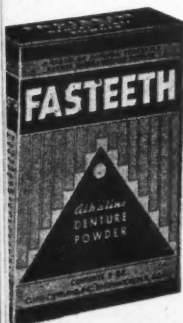
New York 11, N. Y.

Cast to Body Contours,



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Although an expertly applied plaster cast can be fitted exactly to arm, leg or trunk, the careful surgeon usually applies a soft bandage, stockinet or felt pad first — to forestall motion-friction or pressure-irritation from the rigid cast against the soft, changing tissues.



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DENTURE POWDER THAT CONFORMS TO

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FASTEETH in your own practice.
Why not mail the coupon now!

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d exactly
e careful
es a soft
felt pad
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MANIPULATION OF A PERFECT DENTURE, TOO



MAY PROVE *Irritating*

TO PREVENT OR RELIEVE irritation or "sore spots" resulting from failure to maintain even the most perfect fitting denture in proper position . . . because of the patient's clumsy manipulation . . . Fasteeth denture powder provides a soothing colloidal "cushion" between hard denture and soft tissues, and avoids discomfort under speech-movement or mastication-pressure.

IN SPITE OF TISSUE RESORPTION it helps distribute the masticatory shock more evenly by its encouragement of stable contact, and contributes to the continuance of a peripheral seal. By its special alkalinity and mild antisepsis, it provides a valuable bacteriostatic influence in the moist "sealed-in" space between denture and palate.

Fasteeth is pleasant tasting. It is not mucilaginous—yet is persistently retentive!

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TO SCIENTIFIC PRINCIPLES..

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O-6

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samples of Fasteeth, the alka-
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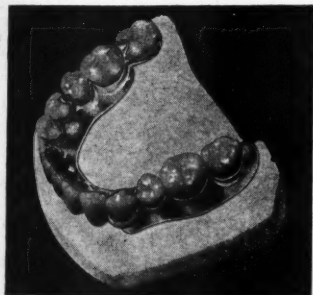
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Journ. A. M. A. Queries and
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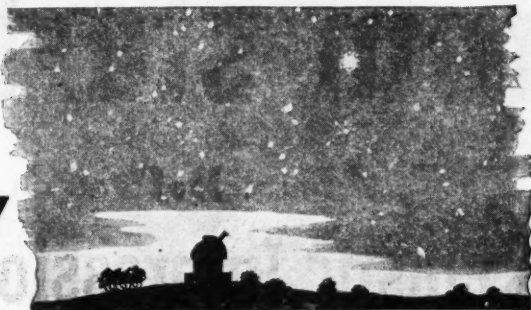
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Zinc makes silver Alloy more silvery and lastingly lustrous

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(Our Competitors Admit It's Different and Better!)

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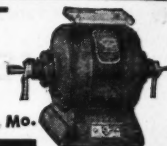
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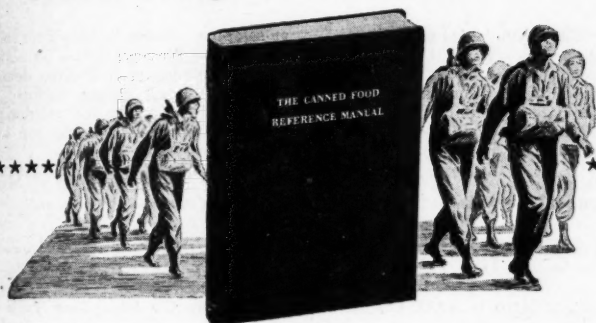
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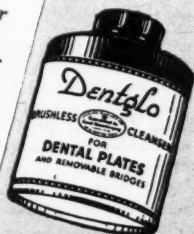


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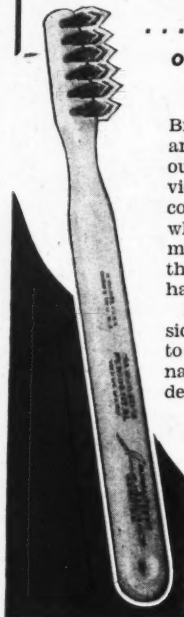
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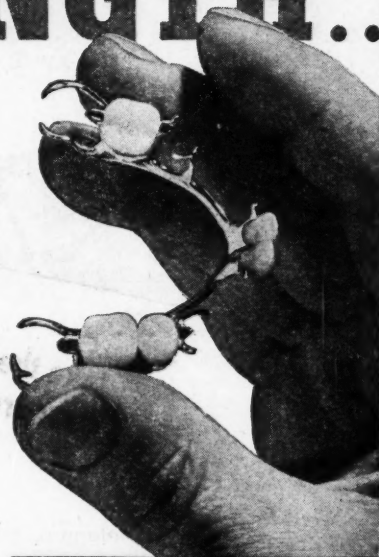
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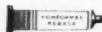
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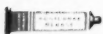
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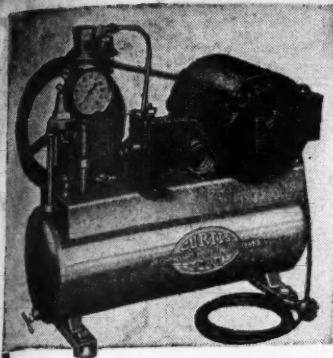
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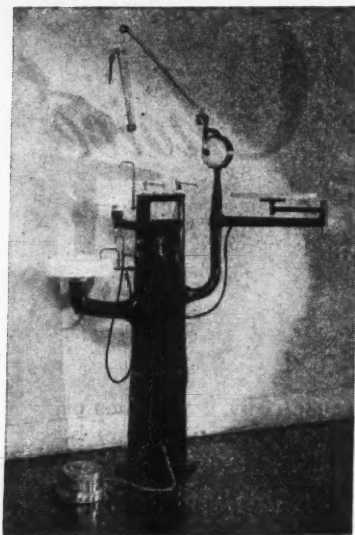
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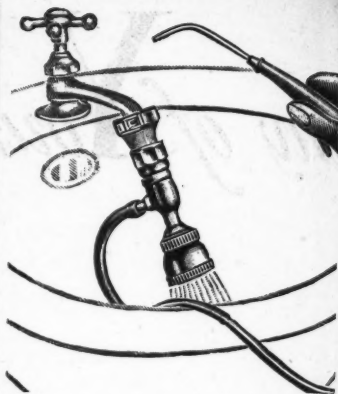
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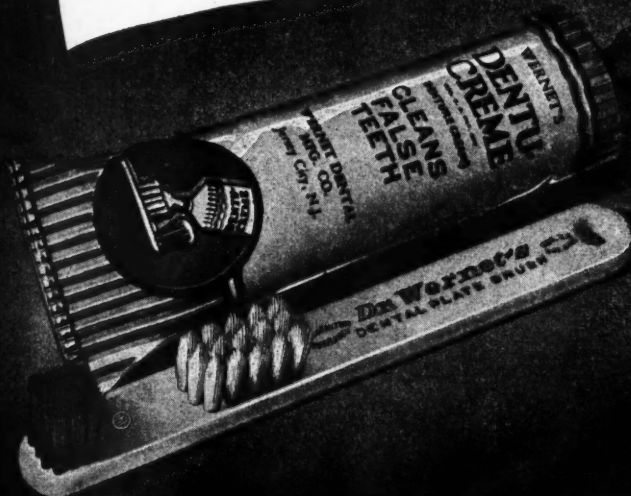
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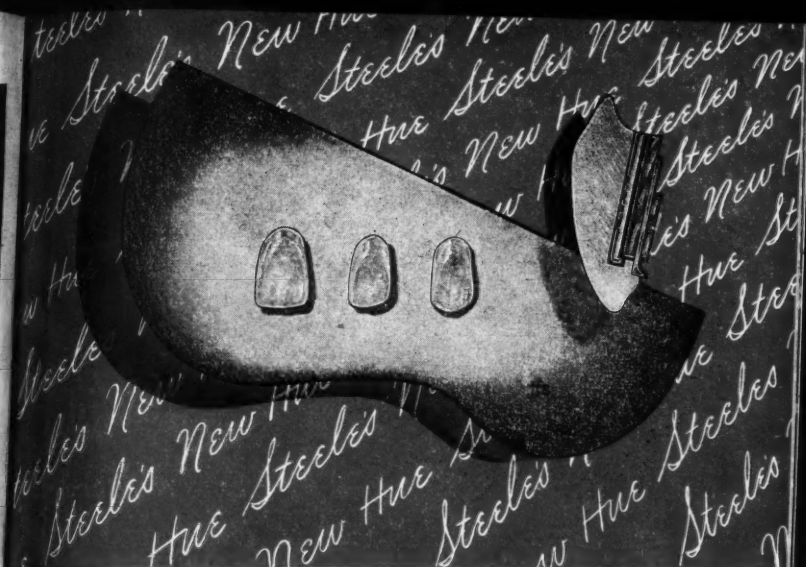
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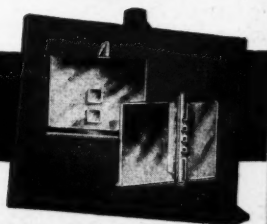
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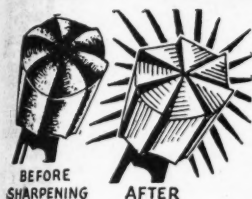
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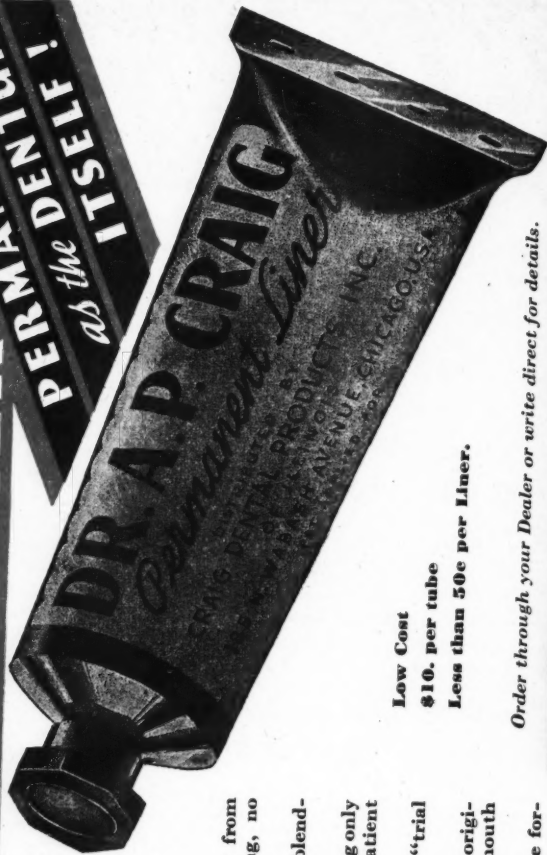
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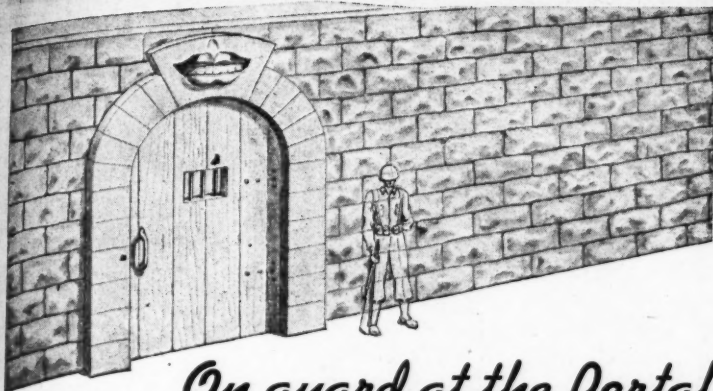
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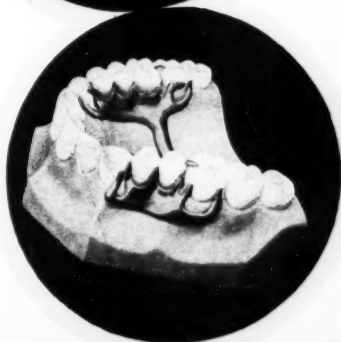
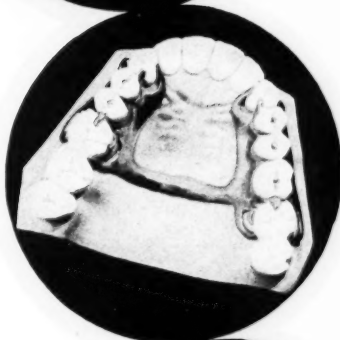
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